



DIOCESE OF HARRISBURG DIOCESAN CATHOLIC COMMITTEE ON SCOUTING

4800 Union Deposit Road Harrisburg, PA 17111 ♦ 717-657-4804 ♦ Fax: 717-657-4041
E-Mail: ooyam@hbgdiocese.org ♦ Web Site: www.hbgdiocese.org

June 2018

**DCCS Retreat 2018
150th Diocesan Anniversary!**

Dear Scouts, Venturers and Scouters,

Join us for the 40th Annual Diocesan Catholic Scout Retreat is the weekend of September 14, 15 & 16, 2018 at Camp Bashore, Lebanon County, PA.

Registration: Scouts, Venturers and Adult Scouters attending the weekend retreat must pre-register by August 31st at a fee of \$25.00 per person. Cost includes meals, lodging, activities and one patch for each participant. Webelos Scouts may be included in your unit count!

Saturday “Day Trippers”: Youth and adult participants may register for Saturday, September 15th, 9am-9pm at a cost of \$20.00 per person. Youth age 14+ may choose to register for the C.O.P.E. course for an additional fee of \$10.00. Pre-register by August 31st (cost includes Saturday lunch and dinner, activities and retreat patch.)

We encourage all units to attend the DCCS Retreat. **If your unit is not attending and you have youth who wish to come to the retreat, please fill out the “Individual Youth Registration” and sign them up today.**

Awards: Religious emblems and unit awards earned since last year’s retreat will be presented at the Chapel after Saturday evening Mass (Ad Altare Dei Emblem, Pope Pius XII Emblem, Pope Paul VI Unit Award & Pope John XXIII Ecumenical Unit Award). *Leaders, to assure that youth receive proper recognition for their achievement, the appropriate applications must be completed and mailed to the Diocesan Office of Youth and Young Adult Ministry by August 31, 2018.*

C.O.P.E. Participants: Youth age 14+ may choose to register for the C.O.P.E. course for an additional fee of \$10.00 - ALL C.O.P.E PARTICIPANTS MUST BRING A SIGNED **C.O.P.E. Medical Information/Informed Consent/Hold Harmless Agreement** (attached).

Archery Range: Open Saturday 2:00pm-3:30pm for all participants at no additional cost.

Service Project: We’ll be giving back to Camp Bashore on Saturday afternoon. Many hands make light work!

Family Night Dinner: Any family members and friends who are not attending the retreat are invited to join us for dinner on Saturday evening at 5:30 p.m. for a fee of \$20.00 per family (no limit) or \$7.00 per person and are invited to attend Mass at 7:00pm. Religious emblems and unit awards will be presented after Mass.

Yes, this is a Catholic Retreat – AND – every year Webelos, Scouts and Venturers of other denominations attend. We have a non-denominational service on Sunday. All youth and Scouters, regardless of religious affiliation, will be spiritually enriched and have a great time at our Camp Bashore Retreat!

Sincerely,

Joanna Reynolds
Harrisburg DCCS Chair
(717) 564-6345

Rob Williams, Director
Office for Youth and Young Adult Ministry
(717) 657-4804

Scouters (adult leaders, including parent volunteers) who are staying at Bashore overnight must be in compliance with the Diocese of Harrisburg Youth Protection Program by taking the required training and must wear their Youth Protection Badge while at the retreat.

To take the training, go to: <https://safeyouth.hbgdiocese.org>

Mail Registration only (**not health forms**) by August 31st to: August Pfeifer, 47 Gale Road, Camp Hill, PA 17011
Retreat questions: contact Tony Kern, Activity Chair - 717-367-0759 - georgekaplan@hotmail.com

The Harrisburg Diocese Committee on Scouting serves the following counties within the Commonwealth of Pennsylvania:
Adams, Columbia, Cumberland, Dauphin, Franklin, Juniata, Lancaster, Lebanon, Mifflin, Northumberland, Perry, Snyder, Union and York



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Unit Registration**

Contact _____ Council _____ Unit # _____

Address _____ City, State, Zip _____

Phone _____ E-mail _____

# Adults attending <u>full weekend</u> :	male _____	female _____	total: _____ x \$25.00 = _____
# Youth attending <u>full weekend</u> :	male _____	female _____	total: _____ x \$25.00 = _____
# Adults attending <u>Saturday only</u> :	male _____	female _____	total: _____ x \$20.00 = _____
# Youth attending <u>Saturday only</u> :	male _____	female _____	total: _____ x \$20.00 = _____

Total # youth by age: age 10 (Webelos) _____ ages 11-13 _____ age 14-18 _____

Estimate number attending Archery Range Saturday afternoon: _____

Estimate number attending Service Project Saturday afternoon: _____

Number of C.O.P.E participants age 14-18 (subject to staff availability): _____ x \$10.00 = _____

Number of Saturday evening dinner guests (paying as individuals): _____ x \$7.00 = _____

Number of Saturday evening families (paying as family): _____ x \$20.00 = _____

Number of family members (for dinner count): _____

Total Cost: _____

Scouter Training Sessions: indicate number of Adults attending each session.

9:00am: Pope Pius XII Facilitator _____

10:30am: Ad Altare Dei Counselor _____

1:00pm: Unit Religious Emblems Coordinator _____

2:00pm: Advanced Chaplain/Chaplain's Aid Intro _____

Yes ___ No ___ Will your unit bring propane lantern(s) to light the Chapel path Saturday evening?

Yes ___ No ___ If you're coming Friday evening, will your unit be staying in camp Saturday night?

Yes ___ No ___ Will your unit attend Cracker Barrel Saturday evening?

Enclose payment payable to "DCCS". No refunds after Sept. 1st.

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INDIVIDUAL Scout/Venturer Registration
NO LONE WEBELOS: BOY SCOUTS/VENTURERS ONLY

Youth Name _____ Unit # _____

Address _____ City, State, Zip _____

Phone _____ E-mail _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian E-mail: _____

Individual scouts will be assigned to a participating unit. Contact information for the unit will be provided to the family.

Attending full weekend: male _____ female _____ \$25.00 = _____

Attending Saturday only: male _____ female _____ \$20.00 = _____

Please check your age group: 11-13 _____ 14-18 _____

Archery Range Saturday afternoon? (no additional cost) Yes _____ No _____

Add C.O.P.E. – participant is age 14-18 (subject to staff availability): _____ \$10.00 = _____

Number of Saturday evening dinner guests (paying as individuals): _____ x \$7.00 = _____

Number of Saturday evening families (paying as family): _____ x \$20.00 = _____

Number of family members (for dinner count): _____

Total Cost: _____

Yes _____ No _____ Will you attend Cracker Barrel Saturday evening?

Enclose payment payable to “DCCS”. No refunds after Sept. 1st.

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MEDICAL PERMISSION FORM, page 1

Participant: _____ Unit #: _____

Address: _____
(Street/PO Box)

(City, State, Zip)

I hereby consent and authorize any staff members and/or adult volunteers under whose auspices the program for which my child or myself is being conducted, to secure emergency medical care or treatment that may be necessary for my child during the entire event. This consent and authority includes, but is not limited to, the ability to apply for admission to any health care facility, to arrange for and consent to health care procedures, and to arrange for any necessary transportation. This consent and authorization also includes the right to request, review and receive any oral or written information regarding my child's physical or mental health including medical and hospital records and including the authority to execute any releases that may be necessary to obtain this information.

Signed: _____

Relationship to participant: _____

Do you have hospitalization insurance? Yes No

Policy Number: _____

List any medications you are taking: _____

Emergency Contact 1:

Name: _____

Address: _____
(Street/PO Box)

(City, State, Zip)

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact 2:

Name: _____

Address: _____
(Street/PO Box)

(City, State, Zip)

Home Phone: _____ Work: _____ Cell: _____



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MEDICAL PERMISSION FORM, page 2

Family Physician: _____ Phone: _____

Allergic reactions (medications, foods, insects, etc.)

My child has special medical/mental conditions: Yes No (if yes, please describe)

Parents/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office for Youth and Young Adult Ministry or the Diocese of Harrisburg. (Participants would not be identified, however, without specific written consent.)

Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Office in writing.

Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

 Parent/Guardian Signature

 Date

C.O.P.E. Medical Information/Informed Consent/Hold Harmless Agreement

Name: _____ Date of Birth _____

Address: _____

Home Phone _____ Cell _____

Name of personal Physician: _____

In case of emergency contact: _____

Home Phone: _____ Work _____ Cell _____

List known Allergies _____

If you are allergic to bee stings, do you have a bee sting kit? _____

Do you wear contact lenses? _____ Are you pregnant? _____

Have you had or do you have (circle if yes) Diabetes Asthma Angina Epilepsy
Chest pains Drug reactions High blood pressure Heart murmur

Heart attack (if yes, date) _____

Have you ever had any serious disease or surgery? (If yes, explain and include date) _____

Do you have any other medical conditions we should be aware of? _____

I understand that participation in the C.O.P.E. / climbing / rappelling activity offered through the Pennsylvania Dutch Council, BSA, on (date) _____, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my child, I give my permission for my child to participate in the C.O.P.E. program. I hereby release and hold harmless and waive any claims I may have against the Pennsylvania Dutch Council, BSA, the National Council BSA and its chartered affiliates, agents, servants, employees, officers from all cost and expenses including but not limited to, attorney's fees, reasonable investigations and discovery costs, courts cost, and all other sums the above mentions persons may pay or become obligate to pay on account of any, all and every demand for claim or assertion of liability, or any claim or action founded thereon arising or alleged to have arisen out of your child's use of real or personal property belonging to the Pennsylvania Dutch Council, BSA or by any actions or omission by your child. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

This form must be signed by both parents/guardians

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that my participation in the Pennsylvania Dutch Council. BSA, C.O.P.E. program is entirely voluntary. I release the Pennsylvania Dutch council BSA and all its employees from any claims or liability arising out of my participation. The release does not, however, apply to any harm caused by negligence or willful misconduct of the Pennsylvania Dutch Council, BSA or its employees.

Name (print) _____ Course date _____

Participant's signature: _____ Date _____

*If participant is under age 18, his or her parents or guardians must also sign below

Parent/Guardian signature _____

Parent/Guardian signature _____