



**2007 DIOCESAN CATHOLIC RETREAT
BOY SCOUTS, GIRL SCOUTS, CAMP FIRE USA**

“DO THE RIGHT THING”

SATURDAY and SUNDAY

October 20-21, 2007

**Camp Tallchief
Girl Scouts of Magic Empire Council**

Sponsored By:

The Tulsa Diocese Catholic Committee on Scouting and Camp Fire

This retreat is offered to all Tulsa Diocese youth,
with a focus on Boy Scouts, Girls Scouts, and Camp Fire Members, and their families.
Activities in support of religious award requirements will be offered,
along with community service activities.

REGISTRATION DEADLINE: October 13, 2007

COST: \$17.00 Per Person, to a maximum of \$51.00 per family

MEALS: Saturday lunch and dinner, and Sunday breakfast will be prepared by the retreat staff.

Check in at Camp Tallchief – (on Zink Ranch, northwest of Sand Springs)

Check In: 8:00 a.m., Saturday, October 20, 2007

Check out by: 11:30 a.m., Sunday, October 21, 2007

Everyone will need to provide their own sleeping bag, pillow, flashlight, and personal items. If camping, bring your own tents. 1st through 12th grade diocesan youth are eligible to attend.

An adult must be with the younger attendees in accordance with diocesan youth protection requirements. Childcare is not available.

Posted CAMP RULES must be adhered to.

Parents and leaders are encouraged to attend.

Mail Registration by **October 13, 2007** to:

CCSCF

c/o Dianne Bileck

Diocese of Tulsa

P.O. Box 690240

Tulsa, OK 74169-0240

Make checks payable to: CCSCF

(Maps will be mailed upon receipt of registration)

FOR MORE INFORMATION

Contact Anne Daubney at 366-7354, Dennis Zvacek at 250-8782,

or email us at tdccscf@catholic-church.org

The registration form can be found online at <http://www.catholic-church.org/tdccscf/retreat.html>

2007 CCSCF RETREAT REGISTRATION FORM

(One form per participant)

Participant's Name _____

_____ Adult _____ Youth If youth, Age _____ Grade (for 2007-2008): _____

Parent or Guardian's Name _____

The adult attending the retreat who will be responsible for youth participant.

If no adult leader or parent can attend the retreat with the youth, you must call one of the contacts listed on the previous page to arrange for one of the retreat committee staff to be responsible for the youth at the retreat.

Participant's address _____

City _____ State _____ Zip code _____

Phone - Home _____ Work _____ Other _____
(Please include area code)

Registered member of: Camp Fire _____ Girl Scouts _____ Boy Scouts _____
Other _____ (i.e. parents or siblings who are not registered members of any of the above organizations)

Unit type(Club, Troop, or Pack) and Number _____

Boy Scouts are encouraged to bring your tents for overnight accommodation.

Your Parish _____

Adults attending, please complete the following.

_____ I will be a retreat assistant (volunteers will assist with various activities and must be Virtus Trained)

REGISTRATION FEE ENCLOSED _____

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There are many ways to "Do the Right Thing". Participants are asked to donate to our recycling effort with the following. Cell phones, printer cartridges, eye glasses, rosaries (for repair), and prescription bottles.

Catholic Diocese of Tulsa

CAMPER COVENANT OF CONDUCT

Registering Camper and Parent/Guardian Must read and sign the following:

As a participant of the Catholic Committee on Scouting and Camp Fire Retreat, I understand that this retreat is an opportunity to have fun and grow in my Catholic Christian faith. I therefore agree to act in a Christian manner and abide by the rules and regulations given by the Retreat staff and the appointed adult representatives. I also understand and agree that I will notify my parents/guardians at the time of any infractions that may require my dismissal from the Retreat. I also understand that if I am dismissed while attending that I will be sent home at my own and/or my parents'/guardians' expense and upon dismissal the supervision/liability will become my parents'/guardians' responsibility.

PARTICIPATING CAMPER SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

PARENT MEDICAL AND LIABILITY RELEASE

As a parent or guardian of the registrant, I request you accept my child or ward to be a participant at the Catholic Committee on Scouting and Camp Fire Retreat. I understand that the Retreat staff will take every precaution to minimize the real risk of physical harm and ensure my child's or ward's safety while in their care.

In case of medical or other emergency, I hereby give and grant my permission to any licensed physician, dentist, hospital or emergency service selected by the Director, or his/her representatives, to secure medical care and treatment including but not limited to any X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment for my child or ward named above. I also release the staff and his/her representatives, and the Catholic Diocese of Tulsa from all responsibility for any liability arising out of any illness or accident which may be sustained by my child or ward during their care. In case of an emergency and parents/guardians cannot be reached, an ambulance or emergency personnel will be notified. Payment for medical emergencies is the responsibility of the parent/guardian. I understand that reasonable efforts will be made to contact me immediately in the event that something unforeseen happens that needs my immediate attention, but if the staff or his/her representatives are not able to contact me, I hereby authorize them to grant any medical or legal authority which I could grant if I were personally present in any emergency or urgent situation affecting my child or ward.

On behalf of myself, my heirs, assigned executors and personal representatives, I release, hold harmless and discharge forever the staff, and his/her representatives, the Catholic Diocese of Tulsa, employees, sponsors, chaperones and affiliates from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such person or organization in connection with the organization and execution of the Youth Retreat. I understand and agree to follow the registration guidelines listed on this form. I give my permission for my child to be photographed at camp and for the photographs to be used to promote future Youth Retreats.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

HOME PHONE: _____ **EMERGENCY PHONE:** _____

(Submit this form with your check, before October 13, 2007)