



# Program

## Program Registration

Use this form for any of the CCS Religious Emblem Programs – mail at least three weeks in advance.  
Mail to: Catholic Committee on Scouting, P.O. Box 2222, Westerville, OH 43086 or [cathcmtescouting@aol.com](mailto:cathcmtescouting@aol.com)

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Home Address \_\_\_\_\_

Male [ ] Female [ ] Youth DOB \_\_\_\_\_ Grade \_\_\_\_ or, Check here for Adult (18+) [ ]

Church/Parish \_\_\_\_\_

Scouts: Unit Number \_\_\_\_\_ Rank \_\_\_\_\_ Leadership Position \_\_\_\_\_

Please advise of any dietary restrictions, allergies or related conditions. We will make every attempt to accommodate your needs. \_\_\_\_\_

**Each unit is responsible for its own Medical Forms and Tour Permits. Medical Forms must accompany a unit leader during the activity.**

### RELEASE AND INDEMNIFICATION AGREEMENT

As the above-named participant, I hereby register for and commit to attend this activity/program. As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for this activity. The undersigned release and hold harmless the Catholic Committee on Scouting, the Diocese of Columbus and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from this activity.

### CODE OF BEHAVIOR

Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult leader, parent, or legal guardian. The possession or use of alcohol, tobacco, drugs, or weapons of any kind, or foul language will not be tolerated. Participants must heed all directions of activity staff. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians.

### PHOTO RELEASE

I hereby assign and grant to the Diocese of Columbus Catholic Committee on Scouting (DCCS) the right and permission to use and publish the photographs, film, videotapes, electronic representations and/or sound recordings made of me or my child by DCCS, and I hereby release the DCCS from any and all liability from such use and publication. I hereby authorize the reproduction, exhibit, broadcast, electronic storage, and/or distribution of said photographs, film, videotapes, electronic representations and/or sound recordings without limitation at the discretion of the DCCS, and I specifically waive any right to any compensation I may have for any of the foregoing. (Note that the DCCS will use discretion in the use of the materials and will rarely associate real names with photos.)

I HAVE READ AND UNDERSTAND ALL CONTAINED IN THIS AGREEMENT. Failure to abide by these requirements may result in a request to parents/legal guardians to transport offending participants from the premises.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Parent/guardian name (printed)

\_\_\_\_\_  
Date