

**DIOCESE OF AUSTIN
CATHOLIC COMMITTEE ON SCOUTING**

ADULT APPLICATION/REGISTRATION

**For training event on March 3, 2012 @ Holy Trinity parish,
8626 FM 1105, Jarrell, TX 76537 <http://www.holytrinityofcornhill.org/>**

Check in 8:30am, Ends with Mass start at 6:00pm

**youth working on either of the 2 top level emblems must work with a trained counselor after the retreat
to complete remaining requirements**

Deadline to register **Mon. February 20, 2012**

Mail checks payable to: Diocese of Austin

Diocese of Austin Catholic Committee on Scouting

P.O. Box 104, Pflugerville, TX 78691 (do not mail or deliver to diocesan offices)

Date: _____ Are you here for training? (Y/N) Boy Scouts _____ Girl Scouts/NFCYM _____ or Volunteer _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No. w/area code: H) _____ W) _____ Cell) _____

Date of Birth: _____ E-Mail: _____

Marital Status: _____ Occupation: _____

Employer: _____ Languages Spoken: _____

Parish Name & City/Town: _____

Primary Scouting Position(s): _____

BSA Council: _____ District: _____ Unit: _____ Chartered Org: _____

GSUSA Council: _____ Service Unit: _____ Troop Number: _____

Other Youth Organizations (Camp Fire, AHG, Jr Catholic Daughters, etc): _____

Are you:

<input type="checkbox"/> Yes	Attending Religious Emblem Counselor training	Every youth working on requirements to earn the Ad Altare Dei, Pope Pius XII, Marian medal or The Spirit Alive, must work with a diocesan trained counselor. This person is usually a parent or adult leader in their youth group. The times for your program are the same as the youth. If you are attending training, you will not be involved in the youth program at the same time at the retreat.	Cost \$20
<input type="checkbox"/> No	Complete all pages.		
<input type="checkbox"/> Yes	Volunteering to help at the retreat?	We need help with things like lunch food prep, move tables/chairs, clean up, possibly assisting with the youth if you are Ethics & Integrity trained. If you want to help with the youth program, please contact us at least 2 weeks in advance. There may be minor training involved.	Cost \$10
<input type="checkbox"/> No	complete pages 1, 4		
<input type="checkbox"/> Yes	Chaperone?	Your only interest is to drive youth to/from the retreat. There is a cost only if you are staying with us at the retreat as we are expecting you will be eating lunch/snacks with us as well.	Cost \$10
<input type="checkbox"/> No	complete pages 1, 4		

FOR ARCH/DIOCESAN USE ONLY
(Attach to Adult Application/Registration Form)

Certification Record

Applicant's First Name: _____ Last Name: _____

<u>Date</u>	<u>Verified By</u>
Membership/Registration: _____	_____
Youth Protection (BSA only): _____	_____
Diocese of Austin EIM: _____	_____
Counselor Training: _____	_____
LAF Training: _____	_____
References: _____	_____
Interviewed: _____	_____
Approved: _____	_____

For the following emblems:

- _____ Light of Christ _____ Parvuli Dei
_____ Ad Altare Dei _____ Light is Life _____ Pope Pius XII
_____ Family of God _____ I Live My Faith
_____ Marian Medal _____ Spirit Alive

Commission valid until: _____

Adult Consent and Release for Medical Treatment

(for adult participants, 21 years of age or older)

In Case of Emergency, and in the event that I am not coherent or conscious, I hereby grant adult chaperones of the *Diocesan Catholic Committee on Scouting* permission to act on my behalf in seeking emergency medical treatment for myself in the event that such treatment is deemed necessary.

I hereby give my permission to those administering medical treatment to do so.

I further absolve and release Holy Trinity parish, its employees, and volunteers, as well as the Diocese of Austin and its employees and volunteers, from any liability whatsoever when acting on my behalf in regard to medical treatment, and in any other respect deemed necessary should I become incapacitated.

Additionally, I give my permission to be photographed during activities associated with the above-mentioned event. I understand that said photos/videos may be used for future publicity within the parish, Diocese, and/or Catholic Church.

Name of Participant: _____

Address: _____ City, State: _____ Zip: _____

Phone: _____ Social Security Number: _____
(Required for treatment in most Hospitals)

Insurance Company: _____

Policy Number: _____

Insurance Address/Phone: _____

Place of employment providing Insurance: _____

Please attach a photocopy of the Insurance Card to this Release Form.

Additional comments regarding medical history, allergies, medications, or other conditions:

In the event of an emergency, please contact the person(s) named below:

Name: _____

Relationship: _____

Phone Number(s): _____

I acknowledge that my signature on the bottom of this page signifies that I am in agreement with all the statements on this form. Furthermore, I agree to abide by all policies and expectations regarding adult leaders / chaperones as put forth by the *Diocesan Catholic Committee on Scouting* and the Catholic Diocese of Austin. My primary function on this trip is to ensure the safety and well-being of all participants in my charge. I will refrain from any actions / behaviors that are not consistent with the teachings of the Catholic Church and any that could be potentially harmful to myself and any other participants.

Signature of Participant: _____ Date: _____