

DIOCESE OF SAN BERNARDINO CATHOLIC COMMITTEE ON SCOUTING



CATHOLIC SCOUT RETREAT

November 6-7, 2026

St. Margaret Mary Parish

12686 Central Ave, Chino CA 91710

Check in at 6:00 pm

Check out at 4:00 pm

Bring your tent, sleeping bag, "A and B" medical forms and completed consent form

At this year's retreat we will tie our own personal belt loop Rosary. We will learn about the parts of the Rosary and how to pray the four Mysteries.

We will have personal time with our Lord in Adoration and Confession will be available for all Scouts.

Do you know who the first televised Catholic Evangelist was? Fulton Sheen was ordained a priest in the Diocese of Peoria in 1919 and became an eloquent preacher and shared his thoughts on radio beginning in the 1930's and added television beginning in the 1950's. Mass for the Beatification of the Venerable Servant of God, Archbishop Fulton J. Sheen, will take place on Thursday, September 24, 2026, at 2 pm Central time at The Dome at America's Center in St. Louis. Scouts will learn about Archbishop Sheen and earn his patch!

Retreat fee is \$20.00. Zelle to sbcatholicscouting@gmail.com

Last day to register is October 24, 2026



Zelle

DIOCESE OF SAN BERNARDINO CATHOLIC COMMITTEE ON SCOUTING

PARENT/GUARDIAN CONSENT FORM FOR PARTICIPATION IN A SBCCS ACTIVITY

I hereby give permission for full participation in the listed activity, subject to limitations noted

Catholic Scout Retreat Nov. 6-7, 2026

This authorization shall remain effective until replaced or revoked in writing

Full Name of Participant _____ Birthdate (month/date/year) _____

Address _____ City, State, Zip _____

Participant Email Address _____ Cell Phone _____

Medications/Restrictions/Special Considerations (if any): _____

Insurance Company _____ Policy Number _____

Physician's Name _____ Phone Number _____

HOLD HARMLESS AGREEMENT I understand that participation in the activity involved a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Diocese of San Bernardino, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity for all claims or liability arising out of this participation.

MEDICAL TREATMENT RELEASE (Yes) (No) In case of emergency involving my child, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

TALENT RELEASE (Yes) (No) I hereby grant to the Catholic Committee on Scouting the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made by the committee and I hereby release the Catholic Committee on Scouting from all liability from such use and publication. **(Yes) (No)** I hereby authorize the reproduction, sale, exhibit, broadcast, electronic storage and/or distribution of said photograph/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Committee and I specifically waive any right to any compensation I may for any of the foregoing.

Restrictions _____

EMERGENCY CONTACT INFORMATION AND SIGNATURES

Father/Guardian Signature _____ Date _____

Email Address _____ Cell Phone _____

Mother/Guardian Signature _____ Date _____

Email Address _____ Cell Phone _____

