Diocese of Wheeling-Charleston

P.O. Box 230, Wheeling, WV 26003 (304) 233-0880 † Fax (304) 233-0890 † www.dwc.org

The St George Camporee (formerly known as the Catholic Camporee) sponsored by the Diocese of Wheeling-Charleston Catholic Committee on Scouting will be in Morgantown, WV at Camp Mountaineer. The dates are April 22nd through April 24th 2022. With the Camporee quickly approaching, it is now time to begin the registration process.

Enclosed you will find:

- Camporee information sheet
- A Troop Registration form
- Diocese permission form (to be copied and completed for each youth)
- Tentative schedule for the weekend activities (subject to change)
- Directions to Camp Mountaineer, Morgantown WV.
- Special needs accommodations

If you wish to register more youths and adults than space permits on the form, send the additional names and addresses on a piece of paper attached to the Registration Form.

Please follow BSA rules concerning *Two Deep Leadership*. We request that every 6-8 youths be accompanied by an adult. If your Troop cannot comply with this ratio, please let us know. However, we strongly urge you to find responsible adult chaperones. You not only help us provide a safe, well supervised experience for your youth, but also by sending adults you allow them to meet other adult Scout Leaders and provide the possibility of future networking in Scouting. This can be an experience of learning and growth (in youth ministry) for adults as well as youth.

Total cost for the Camporee is \$5 which includes dinner on Saturday, a patch, and materials. Any registrations received after April 8th, will cost \$20 per person (youth or adult). Note: Participants who register by April 8th 2022 will receive a complimentary camporee T-shirt. Participants may not receive a patch or T-shirt if registration occurs after April 8th 2022 or later.

This year registration will be available online at https://scoutingevent.com/615-45568.

PLEASE REGISTER EARLY (BY April 8th, 2022)!

The Camporee begins with check-in on Friday evening at Camp Mountaineer. Onsite registration and check-in will be available from approximately 6:00 p.m. until 10:00 p.m. Your group should plan to arrive no later than 8:00 p.m. so that you can receive your camp site assignment and set up your camp. Saturday arrivals can register upon arrival (Activities will start around 8:30 AM)! Each unit must have registration form, permission forms, and applicable BSA health forms.

We hope that you and the youth of your Troop will join with us as a part of this tremendously enriching experience. We pray that you will be there in Morgantown on October 1st through the 3rd.

If you have any questions, please contact me at home 304-292-1136, by cell 304-975-2096, <u>judecgorski@aol.com</u>, or <u>catholiccamporee@aol.com</u>.



Chris Gorski 2022 St George Camporee Committee 1034 Ashton Dr. Morgantown, WV 26508-6875

Preliminary Patch Design

REGISTRATION: 2022 WEST VIRGINIA ST GEORGE CAMPOREE

TROOP PAR	RISH				
ADDRESS		CITY	STATE_	ZIP	
CONTACT PERSON		TITLE	PHONE		
E-MAIL:					
<u>Arrival Day</u> - (check one) □ Fi	riday evening 🛚	Saturday Morning			
Those attending:					
ADULTS:					
NAME		TROOP POSITION			SEX
VIRTUS TRAINED - (check one	e) □ yes □ no				
NAME		TROOP POSITION			SEX
VIRTUS TRAINED - (check one	e) □ yes □ no				
NAME	_ <u></u> _	TROOP POSITION			SEX
VIRTUS TRAINED - (check one	e) □ yes □ no				
NAME		TROOP POSITION			SEX_
VIRTUS TRAINED - (check one	e) □ yes □ no				
NAME		TROOP POSITION			SEX_
VIRTUS TRAINED - (check one	e) □ yes □ no				
NAME		TROOP POSITION			SEX_
VIRTUS TRAINED - (check one	e) □ yes □ no				
NAME		TROOP POSITION			SEX_
VIRTUS TRAINED - (check one	e) 🗆 yes 🗆 no				
NAME		TROOP POSITION			SEX_
VIRTUS TRAINED - (check one	e) pes no				

Those attending:

SCOUTS:

NAME	TROOP POSITION	RANK
NAME	TROOP POSITION	RANK
NAME	TROOP POSITION	RANK
NAME	TROOP POSITION	RANK
NAME	TROOP POSITION	RANK_
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NAME	TROOP POSITION	RANK_
NAME	TROOP POSITION	RANK

IF YOU ARE REGISTERING MORE SCOUTS OR ADULTS FROM YOUR TROOP, PLEASE CLIP OR STAPLE ADDITIONAL FORMS TO THIS ONE. IT IS NOT NECESSARY TO FILL OUT THE GROUP INFORMATION MORE THAN ONCE.

REGISTRATION and PAYMENT SHOULD BE Completed at

https://scoutingevent.com/615-45568

Office of Youth/Young Adult & Campus Ministries Department of Catholic Education & Parish Life P. O. Box 230 Wheeling, WV 26003

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

[This consent form must be submitted prior to the youth's participation in the Youth Ministry event]

Participant's Name		
Birth Date:	Sex:	
Parent/Guardian's N	ame:	
Home Address:		
Home Phone:	Business Phone:	
l,	, grant permission for my child,	
of volunteers from the C Type of Event: St Ge	Name) (Child's Name) lice of Youth Ministry event. This activity will take place under the guidance and dis Office of Youth Ministry. A brief description of the activity follows: Lorge Boy Scout Camporee Morgantown WV – Camp Mountaineer	rection
Individual in Charge:	Chris Gorski	
-	rture and return: April 22 nd - 24 th , 2022	
	to and from event: <u>Self Provided</u> quardian, I remain legally responsible for any personal actions taken by the above na	amed
defend the Youth Minist chaperons, or represent event or in connection verto compensate the parist chaperons, or represent connection therewith.	self, my child named herein, or our heirs, successors, and assigns, to hold harmless stry Office, its officers, directors and agents, and the Diocese of Wheeling-Charlesto atives associated with the event, arising from or in connection with my child attendi with any illness or injury or cost of medical treatment in connection therewith, and I h, its officers, directors, and agents, and the Dioceses of Wheeling-Charleston, ative associated with the event for reasonable attorney's fees and expenses arising in	on, ing the I agree
Signature:	Date:	
MEDICAL MATTERS	5: I hereby warrant that to the best of my knowledge, my child is in good health, and	d I

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (**Of the following statements pertaining to medical matters, sign only those that are applicable.)**

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Name and Relationship: Phone: Family Destart	Phone:
Family Health Plan Carrier:	Policy#:
Tuliny Troudi Fair Curren	
Signature:	Date:
	arleston, chaperons, or representatives associated with the as headache, vomiting, sore throat, fever, diarrhea, I want
Signature:	Date:
No medication of any type, whether prescription or no the situation is life threatening and emergency treatme	on-prescription, may be administered to my child unless nt is required.
Signature:	Date:
I hereby grant permission to non-prescription medicat given to my child, if deemed appropriate.	ions such as (aspirin, throat lozenges, cough syrup) to be
Signature:	Date:
Specific Medical Information: The Youth Ministry Of information be held in confidence.	fice will take reasonable care to see that the following
Allergic reactions (medications, foods, plants, insects,	etc.):
Immunizations: Date of last tetanus/diphtheria immun	nization:
Does child have a medically prescribed diet?	
Any physical limitations?	
Is child subject to chronic homesickness, emotional refainting?	eactions to new situations, sleepwalking, bedwetting,
Has child recently been exposed to contagious disease If so, date, disease or condition:	e or conditions, such as mumps, measles, chickenpox, etc.
You should be aware of these special medical condition	ons of my child:

A NOTE TO CHAPERONS

In order to ensure an enjoyable, safe, and meaningful experience for all, your maximum cooperation is needed to conduct the convention in an orderly manner. We ask that you come mentally prepared to assist those in charge with enforcing the code of behavior for the weekend. We want our young participants to enjoy themselves fully, but not at the expense of breaking rules and infringing on the rights of others.

We're just asking that you be a responsible adult who can have fun with teens while assuming an adult role as one who takes charge when rules need enforced. Rules establish order; we need you to help us keep order.

Your cooperation and help will guarantee a great camporee this year and the promise of continuing the growth of the West Virginia St. George Camporee in future years.

Thank you.

CAMPOREE CODE OF CONDUCT

All those attending the camporee are expected to conduct themselves in a responsible, Christian manner. Our goal is for you to have a meaningful and enjoyable experience. The following guidelines will ensure a safe and mannerly experience for all of us at the convention.

- 1. You are expected to attend all activities and participate fully.
- 2. You are required to be in your camp sites by curfew and observe silence at lights out so that all will have the opportunity to get their proper rest.
- 3. Nametags must be worn at all times.
- 4. The possession of alcohol or illegal drugs is clearly prohibited and is cause for immediate notification of parents and immediate dismissal from the camporee.
- 5. Mixed company in tents is not permitted at any time.
- 6. Smoking is prohibited in cottages or buildings. According to state law, no one under age 18 is permitted possession or use of tobacco products.
- 7. ANY DAMAGE TO THE FACILITY <u>WILL</u> BE BILLED TO THE INDIVIDUAL OR GROUP RESPONSIBLE.
- 8. All Youth are accountable to all adults.

You are expected to conduct yourself as a Catholic Christian young person who exhibits respect for the rules as well as for those in charge and your peers.

Special Needs Accommodations

Please let us know if you have any of the following needs as soon as possible. We will make every effort to accommodate your requests.

an attached note.	an attached note	o. II you have a	my mobility, visual or audio needs, please check below or i
Please describe your disability: Please check the areas in which you will need assistance: Walking Eating Dressing Personal Care (e.g. bathing) Bathroom Help during the night Use a: Wheelchair Walker Language Board Cane		•	
Please describe your disability: Please check the areas in which you will need assistance: Walking Eating Dressing Personal Care (e.g. bathing) Bathroom Help during the night I use a: Wheelchair Walker Language Board Cane	WELCOME	□ ⊕ Braille	
Please check the areas in which you will need assistance: Walking Eating Dressing Personal Care (e.g. bathing) Bathroom Help during the night I use a: Wheelchair Walker Language Board Cane		Interpret	le r
Walking	Please describe y	our disability: _	
□ Personal Care (e.g. bathing) □ Bathroom □ Help during the night I use a: □ Wheelchair □ Walker □ Language Board □ Cane	Please check the	areas in which ₎	you will need assistance:
□ Bathroom □ Help during the night I use a: □ Wheelchair □ Walker □ Language Board □ Cane			
I use a: Unit Wheelchair Walker Language Board Cane	□Walking	☐ Eating	☐ Dressing
□ Wheelchair□ Language Board□ Cane	· ·	•	•
☐ Language Board ☐ Cane	☐ Personal Ca	ıre (e.g. bathing	g)
	☐ Personal Ca	ıre (e.g. bathing	g)
	☐ Personal Ca ☐ Bathroom I use a: ☐ Wheelchair	re (e.g. bathing Help during Walker	g) ng the night
☐ Special diet, please describe:	☐ Personal Ca ☐ Bathroom I use a: ☐ Wheelchaii ☐ Language I	re (e.g. bathing Help durin Walker Board Can	g) ng the night