

# St. Tarcisus Activity

## When:

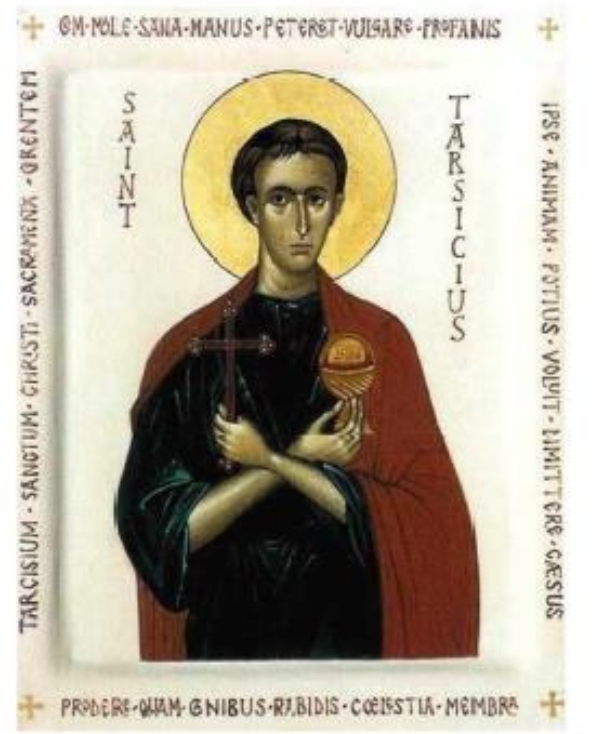
February 5-6, 2021 - Fri/Sat (24 hours)

## Where:

St. Joseph - Plain City  
Parish Activity Center 670 W. Main St.  
Plain City, OH 43064  
(1/2 mile west of SR 42 on SR 161)

## What:

St. Tarcisus is the patron Saint of altar servers, who gave his life as a young boy to protect the Holy Eucharist. This is the oldest of four local Diocesan activities and may be earned by *any male or female* who is at least 11 years old. The 24 hours are filled with interesting and fun activities that will help you learn more about the Holy Eucharist.



**Time:** Check-in Friday 6:00 - 6:15 pm  
Activity starts at 6:15 pm

**Closing Ceremony** is after 4:30 pm Sat Mass

**Church:** St. Joseph – Plain City, Parish Activity Center

**Registration Fee:**

\$25.00/person by Jan. 29, 2021,  
\$30.00/person after Jan 29, 2021,  
(Fee includes Food, Materials + Emblem.)

## ~What Makes Our Faith Special?~

This activity will fully answer that question for you! If you know everything there is to know about the Eucharist, then come and share your knowledge! Your participation will make it a **FUN** and special overnight experience as **YOU** make it happen!

**Act Now!**

**Register Today!!!**



# St. Tarcisius Activity

## Registration Form



Early Bird fee by Jan. 29, 2021 is \$25 per person. Regular registration fee after Jan. 29 is \$30 per person.

Mail to: Catholic Committee on Scouting, C/o Office of Youth and Young Adult Ministry, 197 E. Gay Street, Columbus OH 43215 or [catholicscouting@columbuscatholic.org](mailto:catholicscouting@columbuscatholic.org)

**\*\*\* Participants will need a sleeping bag, and water bottle or cup. All other dining utensils supplied. A Bible is helpful \*\*\***

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

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

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

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

Scouts: Unit Number \_\_\_\_\_ Rank \_\_\_\_\_ Unit Leadership Position \_\_\_\_\_  
(If applicable)

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

**Each group is responsible for its own Health/Medical Forms. Forms must accompany a group leader during the activity, or turn them in at Registration Table, upon arrival at 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 parent/guardian releases and holds harmless the Diocese of Columbus and the diocesan Catholic Committee on Scouting, as well as 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 is not allowed. Participants must heed all directions of activity staff. Participants must respect the rights and property of others. Damage to or defacing of any 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 that is contained in this agreement. I understand that failure to abide by these requirements may result in a request to my parents/legal guardians to transport me from the premises.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
Parent/guardian's name (printed)  
(Chaperones are considered participants at same Fee.)

\_\_\_\_\_  
Date