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## 2019 Bishop England “Fishers of Men” Trek

Sunday, June 23, 2019 to Saturday, June 29, 2019



### General Information

The Bishop England Trek is a high adventure Catholic leadership program for Catholic Scouts and Venturing Crew members. This year's trek will be situated on the Edisto River in South Carolina and will feature four days of canoeing and camping. The program brings Catholic youth from the Province of Atlanta together with selected priests, religious and seminarians in the context of a vocation retreat.



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## Dates and Itinerary

The 2019 Bishop England Trek begins on Sunday, June 23, 2019 at Colleton State Park, where the participants meet, get to know one another, train, have fun and pray. On Monday, they begin their trek on the North Branch of the Edisto River, floating east each day until arriving at Givhans Ferry State Park, Ridgeville, SC. While paddling and camping, they will experience a program that is designed to encourage the integration of morality, values, spirituality, faith, scripture and vocation in their lives as young Catholic Men and Women.

At the conclusion of the trek on Saturday, June, 29, 2019, they will be asked to continue their discernment and if they so desire make an application to attend the St. George Trek at Philmont Scout Ranch in 2020. Participants will also be asked to utilize the leadership skills gained and to become role models for their fellow scouts.

## Candidate Qualification / Selection

Boys and Girls that are members of a Scouts BSA and/or Venturing Crew unit, ages 14 and above, as of July 1, 2019, having completed the Ad Altari Dei and/or Pope Pius XII Religious Emblem are eligible to complete an application for the Bishop England Trek. Because the program can only accommodate 40 youth, selection will be made based on demonstrated maturity, physical ability, leadership potential, and interest in the life of the Church.

All participants must have the physical health and stamina to paddle and camp for 5 consecutive days in the South Carolina heat. All participants must have demonstrated their swimming ability by completing the BSA Swim Test and Safety Afloat Training. **No exceptions can be made to these expectations and requirements.** An all female crew is planned pending sufficient female registration. **Participants will be notified of their selection on or before May 1, 2019.**

## Trek Preparation / Adult Leadership and Logistics Support / Fees

Scouts BSA and Venturing Crew members selected to participate in the Bishop England Trek will be assigned to a Trek Crew comprised of a priest, seminarian and 1 additional adult leader with up to 8 youth. Adult Leaders will be assigned based on regional locale in relation to the Trek Crew. Final Trek Crews and logistics support assignments will be made by May 10, 2019. The fee for the Bishop England Trek is \$200.00.



*Mass at a campground along the Edisto River*

**Applications should be submitted with deposit by April 14, 2019 to:**

**BE Trek – Crew 100**

c/o St. Joseph Church  
3512 Devine Street  
Columbia, SC 29205

**Deposit: \$100.00**

Checks payable to:

**BE Trek – Crew 100**

**Balance Due**

**by 5/10/19: \$100.00**

**Questions may be emailed to:**

Tom Militello  
Crew 100 Advisor

[tom@stjosephcolumbia.org](mailto:tom@stjosephcolumbia.org)





## Bishop England Trek - Youth Application & Activity Consent

\_\_\_\_\_  
First Name of Participant

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Birth-date

\_\_\_\_\_  
Age

\_\_\_\_\_  
Address

**Has Approval to Participate in: Bishop England Trek and Associated Activities / Events**

From 4/1/2019 to 06/30/2019 ☒ Without Restriction ☐ Special Considerations \_\_\_\_\_

### HOLD HARMLESS AGREEMENT

I understand that participation in High Adventure activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, Dioceses of Charleston, Charlotte, Raleigh, Savannah, and the Archdiocese of Atlanta, St. Joseph Catholic Church, Crew 100, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

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 medication 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.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Printed Name

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Phone Number

\_\_\_\_\_  
Participant's Email

\_\_\_\_\_  
Parent / Guardian Phone Number

\_\_\_\_\_  
Parent / Guardian Email



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## Youth Applicant Background Information

\_\_\_\_\_  
First Name of Participant

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Birth-date

\_\_\_\_\_  
Age on 7-1-19

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent / Guardian's Phone Number

\_\_\_\_\_  
Parent / Guardian's Email

\_\_\_\_\_  
Participant's Phone Number

\_\_\_\_\_  
Participant's Email

\_\_\_\_\_  
Participant's School

\_\_\_\_\_  
Grade as of July 1, 2019

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Catholic Church Affiliation

\_\_\_\_\_  
Diocese

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Troop / Crew Unit Number

\_\_\_\_\_  
Council

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

## Scoutmaster / Crew Advisor Contact Information:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Address

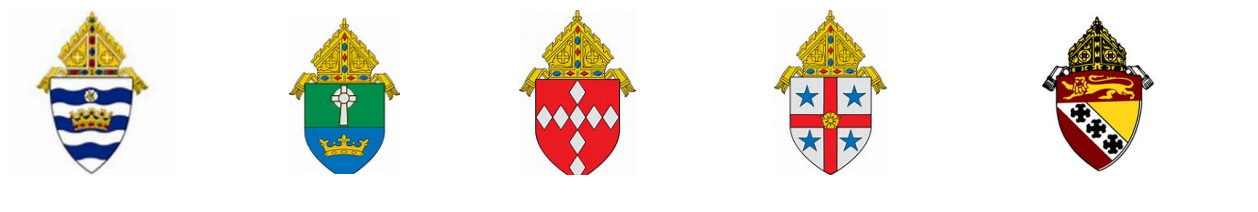
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

## Religious Emblem Program / Date of Completion

\_\_\_\_\_  
Ad Altare Dei

\_\_\_\_\_  
Pope Pius XII



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**Note:** *Upon selection, all youth and adults are required to complete and pass a BSA High Adventure Medical Evaluation.*