

NORTH DEANERY PRO-LIFE TRIP

JANUARY 18-21, 2023
50th ANNUAL MARCH FOR LIFE
WASHINGTON D.C.



WHO: Students in Grades 9-12

WHERE: Pilgrimage to Washington D.C.

WHEN: Arrive: St. Lawrence at 10:00 PM on Wednesday, January 18th
Return: St. Lawrence at 7:00 AM on Saturday, January 21st

COST: Early Bird Registration - \$195.00 due by Monday, November 21st
Regular Registration - \$250.00 due by Monday, December 5th
*** Make checks payable to: Your Parish or High School ***

DUE: Permission Forms and Money are due to your Youth Minister or
Campus Minister NO LATER THAN Monday, December 5, 2022

THINGS TO KNOW:

- Cost includes all transportation, lodging, March for Life activities and rally's, MFL t-shirt and four meals!
- Please bring plenty of snacks & drinks for the bus ride to D.C.
- Note that we cannot be responsible for the weather conditions. Packing and travel for this pilgrimage will be adjusted accordingly.

"It is God who gives life. Let us respect and love human life, especially vulnerable life in a mother's womb." – Pope Francis
North Deanery March for Life – January 18-21, 2023

Registration Form Part I: Youth Participant

Your registration will not be processed unless both sides of this Registration Form are complete.

First Name: _____ Last Name: _____

Address: _____

City: _____
State: _____ Zip: _____
Student Cell Phone #: _____ Student Email: _____
Parish: _____ School: _____ Grade: _____
Date of Birth: ____/____/____ Student Shirt Size: S____ M____ L____ XL____ XXL____ XXXL____

Code of Conduct:

As a member of _____ (church/school), I understand and agree that I will follow the directives of my chaperone(s), and all who are representatives in any capacity, of the March for Life Pilgrimage. I am aware that I am representing the North Deanery, the Archdiocese of Indianapolis and my parish during this event and I am expected to represent all the above named organizations well. I understand that I am expected to display mature and responsible behavior, which for many years has been the trademark of Catholic youth.

I understand that my parent/guardian will be notified at the time of any infractions. Although I will not be dismissed from the trip, I will be under strict supervision and will not be invited to attend certain youth ministry events in the future.

Some Expectations:

- All participants are expected to be on time.
- All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
- Socializing should always been done in public areas.
- Dress should reflect the value of modesty. Writing on clothing should reflect Christian values. • The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted.
- Smoking and vaping are not permitted.
- Weapons and drug paraphernalia are not allowed.
- If under the age of 18, prescription drugs need to be given to an adult for storage and distribution. • All participants must follow the transportation rules and regulations set forth by the Archdiocese of Indianapolis; of which will be announced and enforced upon departure of the event, and must be followed for the duration of the event. Any rule that is not followed will result in parents being contacted and your bus seat being reassigned next to a chaperone.

*****Youth Signature:** _____ **Date:** _____

Parent: I agree that my child will abide by all the rules outlined in the Code of Conduct. I understand that if my child breaks the rules, he/she will be under strict supervision for the remainder of the trip and will not be invited to attend certain youth ministry events in the future.

I understand that it is my responsibility to notify my child's school about their absence on January 19 & 20, 2023, in order to participate in the March for Life Pilgrimage in Washington D.C.

*****Parent Signature:** _____ **Date:** _____

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Registration Form Part II: Parent / Guardian

Parent/Guardian First Name(s): _____

Parent /Guardian Last Name(s): _____

Address (Primary): _____

City: _____ State: _____ Zip: _____

Home Phone Number(s): _____

Parent Cell Phone Number(s): _____

Parent Email Address(es): _____

LIABILITY WAIVER:

I request that my child, _____, be allowed to participate in the **March for Life Pilgrimage, January 18-21, 2023**, and hereby release and indemnify The North Deanery Youth Ministers, its staff, volunteers, the Archdiocese of Indianapolis, and all representatives associated with the March for Life trip from any and all liability from claims of any kind or nature whatsoever from my child's participation in this event.

I will not hold _____ (church/school name) or the NDYMA responsible for any injury incurred on the trip, or to and from the March for Life Pilgrimage. 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. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment at the hospital or by a doctor. Further, I agree to accept any and all financial responsibility as a result of scheduling necessary emergency treatment.

When your child attends a North Deanery Youth Ministry event, please know we are taking every reasonable precaution to prevent the spread of the Coronavirus. As such, those with compromised immune systems, those experiencing COVID 19 symptoms, those who have been diagnosed with COVID-19, or those who were instructed to quarantine due to COVID-19 exposure may not attend. While no ordinary measures can prevent contagion 100%, we are confident that our arrival/dismissal procedures and cleaning protocols will go a long way towards making our events a safe place to grow in our Catholic Church.

In the event of an emergency, if you are unable to reach me at the above phone numbers, please contact:

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____ Alternate Phone: _____

Family Doctor Name: _____ Phone Number: _____

Insurance Company Name: _____

Name of Policy Holder: _____

Policy Number: _____ Group Number: _____

Any Medical Conditions/Allergies: _____

Please list ALL special health needs, allergies, and medication that pertains to your child: _____

*****Parent Signature:** _____ **Date:** _____

I can Chaperone: _____ I am Safe Parish trained: _____ I have a Background Check on file: _____