

NORTH DEANERY PRO LIFE TRIP
NATIONAL MARCH FOR LIFE
WASHINGTON D.C.
JANUARY 22nd-24th , 2012



WHO: students in grades 9-12

WHEN/WHERE: depart from St. Lawrence by 6:00 a.m. on Sunday January 22nd,2012 and return to St. Lawrence approx. 6:00 a.m. on Tuesday, January 24th ,2012 *bring a sack lunch**

COST: \$150.00 includes bus ride, shirt, lodging, concert and 1 meal.

****make checks payable to your parish or high school where you register for the trip.**

DUE: permission slip and money are due to your youth minister by

DECEMBER 9th , 2011

North Deanery March for Life
January 22nd-24th, 2012

Youth Registration Form Part 1

DUE NO LATER THAN DECEMBER 9th, 2011 to your youth minister.
Please enclose check or money order with this form made out to your parish/school.

Name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Parish: _____

Shirt Size (adult): S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

Christian Code of Conduct

As a member of _____ (church), I understand and agree that I will follow the directives of my chaperone, pilgrim director, and bus captain. I understand that my parent/guardian will be notified at the time of any infractions. Although you will not be dismissed from the trip, you will be under strict supervision and will not be invited to attend certain youth ministry events in the future. (Your signature must appear below or you will not be able to attend the trip.)

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 and will not be invited to attend certain youth ministry events in the future. (Your signature must appear below or your child will not be able to attend the trip.)

Signature: _____ Date: _____

Excuse of Absence

_____ is excused from attending school on January 23rd/24th, 2012, in order to participate in the "Rally and March for Life" in Washington D.C. The Archdiocese of Indianapolis and the North Deanery sponsor this trip.

Signature of Principal: _____ School: _____

Registration by December 9th, 2011= \$150.00

Please make out checks to your parish or school.

PARENTS/GUARDIANS MUST COMPLETE PART II OF THIS FORM.

Your registration will not be processed unless both sides of this form are completed.

North Deanery March for Life

PARENT/GUARDIAN CONSENT FORM PART II

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Home Address: _____

City: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

LIABILITY WAIVER

I _____ (parent/guardian name), grant permission for my child, _____ (child name), to participate in the North Deanery March for Life to be held in Washington, D.C. on January 22nd-24th, 2012.

I will not hold the Archdiocese of Indianapolis, the North Deanery, chaperones, or representatives associated with the North deanery March for Life responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling necessary emergency treatment.

I will not hold _____ (church name) responsible for any injury incurred on the trip to and from the North Deanery March for Life. 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 by the hospital or a doctor. In the event of an emergency, if you are unable to reach me at the above phone numbers, contact:

Name: _____ Relation: _____

Phone #: _____

Family Doctor _____ Phone #: _____

Health Plan Carrier: _____ Policy #: _____

Please list any special health needs of your child: _____

Please initial **one** of the following:

_____ I hereby grant permission for non-prescription medication to be given to my child if deemed advisable.

_____ No medication of any type whether prescription or non-prescription may be administered to my child unless emergency treatment is required.

Signature: _____ Date: _____

