



2019 Old St. Patrick YOUTH GROUP PILGRIMAGE

TO THE
46th Annual March for Life

January 17-20, 2019
Washington, DC

REGISTRATION INFORMATION

Name: _____

Youth Email: _____

Parent Email: _____

Youth Phone: _____

Mailing Address: _____

Date of Birth: _____

Registered OSP
Parishioner? _____

GENERAL INFORMATION

Registration Fees:

\$120.00 per person.

Make checks payable to **Old St. Patrick**, and include
“**March for Life**” in the memo line.

Drop off or Mail form and payment to:

Old St. Patrick Catholic Church
Attn: Tom Merlo
5671 Whitmore Lake Rd
Ann Arbor, MI 48105

Please note that Old St. Patrick is subsidizing the costs of this trip to make it an affordable youth group pilgrimage for our parishioners. If finances are a concern for you, *please* contact the parish office.

Deadlines:

Final deadline for registration and payment is **Sunday, December 9, 2018**. Seats are limited, please register early.

We will travel by charter bus, departing at 6:00am on Thursday, January 17, 2019 from Old St. Patrick. We will spend two nights at the Holiday Inn in Greenbelt, MD. Pilgrims will visit the Basilica of the National Shrine of the Immaculate Conception, the Shrine of St. John Paul II, and other places of pilgrimage. There will also be ample opportunity for visiting the museums, monuments, and sights of Washington, DC. The pilgrimage will be a journey of sacrifice, deepening faith, and continual education. The highlight of the pilgrimage will be joining hundreds of thousands of youth, families, and adults for the March for Life on Friday, January 18th. We will arrive back at Old St. Patrick at 1:00am on Sunday, January 20th.

2019 OSP PILGRIMAGE PARENTAL RELEASE FORM

Dear Parent or Legal Guardian,

Your child is eligible to participate in a Parish sponsored activity requiring transportation to a location away from the Parish premises. This activity will take place under the guidance and supervision of employees and volunteers from Old St. Patrick Parish. A brief description of the activity follows:

- **Pilgrimage location** is Washington DC and surrounding area. In case of emergency, call (do not text) Tom Merlo's cell phone at 248-953-9895.
- **Pilgrimage supervisor:** Tom Merlo, DRE & Youth Director of Old St. Patrick
- **Pilgrimage length** is from 6:00 a.m. Thursday, January 17, 2019 to 1:00 a.m. Sunday, January 20, 2019.
- **Pilgrimage transportation** is provided to and from Old St. Patrick by **S and S II Charters and Tours**. Parents should arrange to drop off and pick up their children from the parish center.
- **Pilgrimage cost** is \$120 per youth for hotel stay on Thursday and Friday night, transportation, and tour fees. Old St. Patrick will provide a hearty and warm breakfast on Friday and Saturday. Participants should bring some spending money for 5 meals and \$15 for metro passes.

If you would like your child to participate in this event, please complete, sign, and return the bottom half of this form to Tom Merlo, or the parish office by **December 9, 2019.**

STATEMENT OF CONSENT

Event: OSP 2019 Youth Pilgrimage – The March for Life

Date: January 17-20, 2019

I hereby consent to participation by my child _____ in the event ("field trip") described above. I understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release Old St. Patrick Parish, the Roman Catholic Diocese of Lansing, and any and all affiliated organizations, their employees, agents, and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child arising from or relating to my child's participation in the field trip. This release or indemnification does not apply to claims of intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim. I also give permission for photos from the event that include my child to be used for promotional purposes by Old St. Patrick Catholic Church.

Print Parent's or Guardian's Name

Parent's or Guardian's Signature

Date

2019 March for Life YOUTH CODE OF CONDUCT

For trips/pilgrimages in which I participate, I, _____, understand and agree to the following:

I, along with my peers, represent the Catholic Church. Responsible leadership and character are trademarks of the Catholic youth of Old St. Patrick. Christ-like behavior is promoted and expected at all times on our trip.

I am asked to project an image of Christian consideration, sensitivity, and respect to all others and to the property around me. Disrespect towards peers or event leaders will not be tolerated. I will listen when asked or instructed to do something and follow leader directions.

I am responsible for my own actions and behavior and will assume the natural consequences for any negative behavior or disturbance. I will take full responsibility for any damage or theft.

I will attend all event activities except in the situation of an emergency where an adult leader and/or the director have been notified. I will be on time when arriving at activities, awaking from sleep, and returning from breaks.

I will remain with my adult chaperone at all times during small group excursions and I will notify my chaperone if I am leaving the site of a large group activity (for the restroom, etc).

No alcohol, illegal drugs, or tobacco are allowed. At no time is visiting rooms of the opposite sex permitted. Inappropriate contact, touch, gesture, language, or activity of a sexual nature is unacceptable.

I will only use cell phones for limited purposes (i.e. photos and emergencies)

I will get a good nights rest and agree to any curfew set by event leaders. Curfew means quiet, shut eye time in my room. There will be no leaving rooms after curfew.

I understand that youth and adult leaders will enforce this code of conduct and are acting in my best interest and in the best interest of the event when doing so.

Infractions of these rules will result in adult leaders discussing the infraction with me. In the unlikely event that a behavior problem requires extreme action, I understand that my parents will be notified immediately and I will be picked up by a parent or guardian or sent home at my own expense.

I agree to cooperate and have no trouble adhering to this code of conduct.

Youth Signature _____ **Date** _____

I accept the conditions stated above in reference to my child's participation in Old St. Patrick's 2019 Pilgrimage to the March for Life and understand that without my permission he/she cannot attend. I have reviewed the code of conduct with my teen. I understand that if he/she does not follow these expectations, I will be called and my child will be sent home at my expense.

Parent/Guardian Signature _____ **Date** _____

During this event if there should there be an emergency, I can be reached at:

(_____) _____ (Cell)

(_____) _____ (Cell/work)

(_____) _____ (Home)

2019 OSP March for Life Pilgrimage MEDICAL RELEASE FORM

Participant's Name _____

Sex _____ Birthdate _____ Age _____

Parent/Guardian _____ Relation to participant _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone (_____) _____ Work Telephone (_____) _____

My child is allergic to: _____

Any food allergies we should take into account? _____

My child must take the following medication (indicate dosage, frequency, etc.): _____

Please note specific medical problems: _____

I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, Pepto-Bismol) and routine non-surgical medical care to be given to my child if deemed advisable by the supervising parish/school personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

FAMILY INSURANCE PROVIDER/HEALTH PLAN _____

HEALTH PLAN NUMBER (Include expiration date): _____

In an **EMERGENCY**, and unable to reach parent/guardian, contact:

1. Name _____ Telephone (____) _____

2. Name _____ Telephone (____) _____