



## A Saint Philip Youth Ministry Service Project

### March for Life 2018

### A Youth Pilgrimage to Washington, D.C.

Thursday, January 18<sup>th</sup>, beginning at 7am –  
Saturday, January 20<sup>th</sup>, ending at approx. 11pm

Complete this form and return with 1<sup>st</sup> payment to Melissa in the Office of Youth Ministry (Religious Ed Mailbox/School) by Sunday, October 15.

#### PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Your son/daughter is eligible to participate in a youth ministry sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence. A brief description of the activity is as follows:

- Type of Activity:** March for Life 2018 – A Youth Pilgrimage to Washington, D.C.
- Description:** Participation in the 2018 March for Life on Constitution Ave, Thursday Evening Mass @ the Basilica, Youth Rally and Mass, with visits to National Shrine of Pope Saint John Paul II, National Mall & Monuments, and the Holocaust Museum
- Date & Time of Activity:** Thursday, January 18<sup>th</sup> @ 7am – Saturday, January 20<sup>th</sup> @ approx. 11pm
- Location:** Saint Philip Parish Parking Lot – Travel to DC
- Cost:** \$250 per person (\$100 Deposit due 10/15, \$50 payment due 11/15, \$50 payment due 12/15, and \$50 final payment due 1/10)
- Includes:** Transportation, 2 Nights Lodging (quads), Dinner: Thurs & Fri, Breakfast: Fri & Sat, and All activities

I would like my child, \_\_\_\_\_, to participate in this youth ministry sponsored activity. As parent or legal guardian, I agree to defend and fully indemnify the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence against any claim which may result from any personal actions taken by my child. As parent or legal guardian, I further agree to fully indemnify and hold harmless the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence which took place during the above-identified activity, which is related to that activity, if that claim or cause of action is brought by my child or their parent/legal guardian.

I hereby consent to participation by my above-named child in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child will be participating in. I further understand that I had the opportunity to fully discuss the above-named activity and this agreement with a representative of this agency to clarify any concerns or questions about the activity or this agreement that I may have had.

\_\_\_\_\_  
**Parent/Legal Guardian Signature** \_\_\_\_\_  
**Date**

**Address:** \_\_\_\_\_

**Telephone Numbers:** (H) \_\_\_\_\_ (C) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Child's Allergies/Health Concerns:** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of any emergency, I 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 doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(See Reverse Side for More Info)