

**Diocese of St. Petersburg—Bishop McLaughlin Catholic High School—March For Life 2017
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

PARTICIPANT INFORMATION

Name of Youth: _____ DOB: _____

Parent Guardian Name: _____ Cost: approx. \$325 payable to BMCHS

Home Address: _____

(A) Parent/Guardian emergency contact name and telephone numbers:

Name _____

Home # _____ Work # _____ Cell _____

(B) If "A" above is unavailable, alternate emergency telephone contact name and phone numbers:

Name _____

Home # _____ Work# _____ Cell _____

(C) Health Insurance Carrier Information: Carrier Name _____

Policy No.: _____ Group No.: _____

Nature of Event: I understand that the nature of this event sponsored by **The Diocese of St. Petersburg** and Bishop McLaughlin Catholic High School (hereafter "School") will be held in Washington, DC and surrounding area (the "location"). I have been given information, or have had the opportunity to request information, which more clearly describes the physical facility. The event will take place on January 26-29, 2017, and will involve transportation to the destination and the following activities: Youth Rally, 2 hour march, prayer, sightseeing, etc.

I understand and assume the risks inherent with such an extended field trip, which may involve certain risks beyond the reasonable control of the School and the Diocese of St. Petersburg, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the teachers and staff of the location. The School and the Diocese of St. Petersburg disclaim any and all responsibility for any such risks.

I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperones to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperones to supervise my youth every minute of every day while attending this event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperones, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such an extended field trip. In consideration for the benefits my youth will receive in attending this event, I, individually, and on behalf of my youth, do hereby **RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the Bishop of the Diocese of St. Petersburg, the School and all parishes within the Diocese, all employees, agents and volunteers for this event, and agree to hold them harmless from any and all claims whatsoever arising from the conduct of any person(s) which result in any injury or loss to my youth, or myself.

MEDICAL PERMISSIONS FOR YOUTH: If on the day of travel to the location, my child should have any symptoms of headache, vomiting, sore throat, cold, fever, flu, diarrhea, onset of any contagious illness, or should otherwise not attend the event for health reasons, I agree that I will not permit my child to travel to the location. Before leaving the School, or during travel to or attendance at the location, in the event it comes to the attention of the School that my child shows up with any illness or there is an accident or emergency, I agree that in the sole discretion of the School, my child may be sent home immediately without any liability to the School or the Diocese of St. Petersburg.

I have given consent for emergency medical treatment that may be necessary at the time of registration. I hereby ratify and incorporate that consent by signing below. Further, my youth is in good health and I am not aware of any medical conditions that would impair or prevent my youth from attending this extended field trip.

PERMISSION FOR OTHER MEDICAL MATTERS: In the following, check **ONLY** if applies to your child:
_____ YES, if upon leaving home I know my child is to be taking prescription or non-prescription medication at the time of this event, I give permission to the location's medical staff or School staff to dispense the medication to my child, provided, however, that it is my responsibility to send with my child the appropriate quantity of clearly labeled medication showing dosage and frequency and to speak to a chaperone about this in advance. I understand that the School cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever.

THIS FORM CONTINUES ON THE REVERSE SIDE – OVER

Check One of the Two Choices Below

_____ YES, in the event it comes to the attention of the School that my child complains of illness, I grant permission for non-prescription medication (such as throat lozenges, cough syrup) to be given to my child by the location’s personnel or School personnel. My child is allergic to and/or may NOT have any of the following over-the counter medicines:

_____ No, my child may not have any over-the-counter medications unless they have been provided by me
(Parent/Guardian)

CODE OF BEHAVIOR: I agree to instruct my child to abide by all rules and regulations including the School Handbook, that are imposed for this extended field trip, that are sometimes referred to as a Code of Behavior (“the Code”). I understand that if I have not previously seen the Code, it is my duty to seek a copy of the Code and to review it and to explain it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the location and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection with such transportation from the School.

I fully understand the consequences of the foregoing statements and sign this Consent Form and Liability Waiver knowingly, freely and willingly. (Your signature must appear below or your youth will not be permitted to attend the event).

Parent/Guardian Signature

Date

YOUTH: As a participant at this event, I understand and agree to conform to all of the rules and regulations outlined in the meetings, classroom and other materials I have received, which also include the School Handbook and may be collectively referred to as “The Code”. I understand that my failure to follow the Code will result in my dismissal from the event and that I will be sent home at my own or my parent/guardian’s expense. (Youth’s signature must appear below or the youth will not be permitted to attend the event.

Youth Signature

Date

STATE OF FLORIDA

COUNTY OF _____

The foregoing waiver was duly sworn and acknowledged before me this ____ day of _____, 20____ by

_____ (parent/guardian) and _____ (student),

who are personally known to me **or** who produced proper identification for notarization.

Parent/Guardian

Student

Personally Known (Parent/Guardian)

Personally Known (student)

Identification Produced by Parent/Guardian

Identification Produced by Student

Type of ID _____

Type of ID _____

ID Number _____

ID Number _____

(NOTARY SEAL)

NOTARY PUBLIC SIGNATURE

Name of Notary (printed) _____

My Commission expires: _____



March for Life in Washington, DC, January 26-29, 2017

The March for Life is for the purpose of offering a peaceful and prayerful protest against the desecration and destruction of human life at all stages, especially of those who are weakest and without a voice, such as the unborn. These few days in Washington will be a prayerful time of retreat for the students to leave the busy world behind to some extent, and offer their prayers and presence in defense of the dignity of the human person. For this reason, we do have some expectations of the students while they are on retreat. Failure to meet these expectations may result in the student being sent home immediately.

Student Expectations

- Students will be expected to act in a manner which is respectful and reverent at all times; a manner which makes them worthy of being called Christian.
- Students will be expected to participate in all activities planned for the weekend.
- Students will be expected to stay with a chaperone at all times, especially during free time.
- Boys are only in boy rooms, never in girl rooms. Girls are only in girl rooms, never in boy rooms.
- Students will be expected to stay in their rooms after lights out. Do not leave your room until the meeting time in the morning.
- Students whose parents are going to be present will be expected to check in and out with Mr. Gotsch each time the parent wishes to remove the student from the group, so that it is clear that the school has given over or retaken custody of the student.

Abbreviated Schedule:

Thursday evening, a majority of Friday, and all day Saturday - sightseeing throughout Washington.

Friday morning - attend the youth rally at either the Verizon Center or the DC Armory. Following the rally, we will gather on the Mall to prepare to March itself.

Lodging: Courtyard by Marriott

Airline: TBD

Chaperones: TBD; 1 chaperone for every 7 teens

Total Cost = about \$325 depending on airline and other TBD factors. Does not include food, sightseeing admissions, souvenirs, etc.

**A non-refundable deposit of \$100 per person is due by
Wednesday, September 28th.**

The balance is due by Monday, November 7th. Payments are non-refundable after they are paid.

Application Process:

In order to ensure the most prayerful learning experience for all involved. Each student must complete an application with four questions. Participation will be based on Administrative Approval. Applications are due Wednesday, September 30th to Mr. Gotsch.

**All Soccer, Basketball, Baseball, & Softball Players should check the BMCHS Calendar before applying.*

- Last year, we found ourselves in a series of tough predicaments due to inclement weather. These circumstances put the Diocese and the various parish and school groups in a bit of financial uncertainty. To avoid a similar or worse situation in 2017, we are creating an emergency action plan. This is not meant to scare you or any participating members of your school or parish, but instead it is meant to protect both the Diocese and your ministry. You are encouraged to share this information with your young people prior to their registration. The receipt of their September 30th deposit will be an indication of their acceptance of this plan.
 - Here is our emergency plan:
 - If snow is in the forecast, we are still going. Those participating are free to cancel their trip; however, no refund will be given.
 - If a weather related State of Emergency is declared in Washington, DC prior to our departure, we will cancel our trip. However, we cannot promise any refunds at this time. (We do have an "Act of God" clause in our hotel contract, which would most likely take effect. As far as airlines, we might be eligible for a refund or a credit on a future flight.)
 - If we are in Washington, DC and snow forces us to stay an extra day or more, each person is responsible for their share of the rooming cost, which may be higher than the current price. Payment would be due two weeks upon our return.

*"You shall not stand by idly when your neighbor's life is at stake."
—Leviticus 19:16*



***March for Life* in Washington, DC, January 26-29, 2017** **Student Application**

Student Name: _____

Grade: _____ Adult Dri-Fit Long Sleeve Shirt Size (you'll want a layer or two under it): _____

Student Cell Phone #: _____

Parent E-Mail for pre-trip updates: _____

Please answer the following questions completely and thoughtfully:

1. Why do you want to go to the March for Life in Washington, DC?

2. In your own words, what does it mean to be Pro-Life?

3. What gifts and talents do you have that will enhance the experience for all involved?

4. What do you hope to gain/learn from this experience?
