INCLUDED WITH THIS TRIP:

Transportation by Charter Bus and overnight accommodations at St. Elizabeth Catholic Church in Rockville, MD

Respect Life Mass at the Basilica of the National Shrine of the Immaculate Conception

March for Life on Constitution Avenue

Life is VERY Good Evening of Prayer with Eucharistic Adoration and featuring Immaculée Ilibagiza, Paul George, ALOB and Bishop Burbidge.

Tour of the National Mall and Museums

A LIFETIME OF MEMORIES!

COST:

$100 includes LOVE LET’S LIVE sweatshirt
$80 if you already have the sweatshirt
$50 for parents/chaperones
*Cost includes a $50 non-refundable fee.

REGISTRATION DEADLINE:
JANUARY 20, 2020 (if spots remain)

FOR MORE INFORMATION:
Please contact Georgie Clemens at gclemens@stmchapelhill.org or visit stmchapelhill.org/march-for-life.
Dear Parent/Guardian:

Your son/daughter is eligible to participate in the following activity. This activity will take place under the guidance of adults from the parish of St. Thomas More and the Diocese of Raleigh. A brief description follows:

**Activity:** March for Life Trip  
**Location:** Washington, DC  
**Date:** Jan 23, 2020, 6:00AM - Jan 24, 2020, 10:00PM  
**Transportation:** Charter Bus  
**Cost:**  
- $80 if you already have a Love Lets Live sweatshirt  
- $100 if you need a Love Lets Live sweatshirt  
- $50 for Adult Chaperones

In order for your child to participate in this event, please complete, sign and return the following statement of consent and release of liability, medical information and release form, and contact information. Additional release forms may be required from participating vendors or companies, and will be provided to you prior to the trip for completion and return.

**Personal Contact Information:**

Name of participant: ____________________________________  

Sweatshirt Size:  
- ☐ S  
- ☐ M  
- ☐ L  
- ☐ XL  
- ☐ XXL

Address: ____________________________________ City/State/Zip__________________________  

Youth Cell: ________________________  Youth Email: _________________________________________

Parent Name: ___________________________________________________________________________

Parent Cell: ________________________  Parent Email:________________________________________

Office Use Only

Paid $______  
Check # _______  
Date Received ________________

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**Statement of Consent & Release of Liability**

- I understand that as a parent/guardian, I remain fully responsible for any liability that may result from personal actions taken by my son/daughter.
- If my youth brings or uses any drugs, alcohol, weapons, or tobacco products or engages in reckless or violent behavior, I will be expected to retrieve my son/daughter from the event at my own expense.
- I hereby consent to the participation of my youth in the above-described event. I further consent to the conditions stated above regarding participation in this event, including the method of transportation.
- I release the Diocese of Raleigh, St. Thomas More Catholic Church, and their agents and volunteers from any injuries which may be incurred by my youth.
- I give permission for my child, in case of emergency, to be taken to a physician or hospital by an adult leader, diocesan, or parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by the adult in charge, to hospitalize and secure proper treatment, including surgery, for my son/daughter.

Parent/Guardian Signature _______________________________________

Date ________________

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**Photo Authorization:** There may be times in which your child’s photo may be taken individually or with a group during this event. These photos are sometimes displayed in the Church or used on our parish website and bulletin. No names will be used in connection with these photos. Do we have your permission to use your child’s photos?  
- ☐ Yes  
- ☐ No

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**Medical & Emergency Contact Info**

Any allergies, medical, physical, or dietary restrictions/requirements: ____________________________________________

Medications presently taking: ____________________________________________

Medical Insurance Company: ____________________________________________

Policy #: ____________________________________________

Emergency Contact (other than parent):  
Name ________________________  
Phone Number ________________________