

March for Life 2018

General Information

The Catholic Diocese of Grand Rapids offers youth (grades 9-12) an opportunity to participate in the National March for Life in Washington, D.C. Transportation provided by motor coach with lodging at the National 4-H Youth Conference Center in Chevy Chase, MD. The cost per person \$325 covering transportation, two night's lodging, and 5 meals. Participants will need additional money to pay for 3 meals, subway fare, and sightseeing.

Name of event	March for Life
Destination	Washington, D.C
Date and time of departure	January 18, 2018 approximately 5:00 a.m.
Date and time of return	January 21, 2018 approximately 8:00 a.m.
Method of transportation	Great Lakes Motor Coach
Accommodations	National 4-H Center www.4hcenter.org
Participant cost	\$325

Tentative Schedule (subject to change)

Thursday, January 18, 2018

- 5:00 a.m. Pilgrims arrive at departure point: (Cathedral Square or Muskegon Catholic Central)
- 5:30 a.m. Departure for Washington. Lunch on route (on your own)
- 5:30 p.m. Arrive at National 4-H Center
- 6:00 p.m. Dinner (provided) and Check In

Friday, January 19, 2018

- 5:30 a.m. Depart 4-H Center by motor coach (*A sack breakfast & lunch will be provided*)
- 6:00 a.m. Arrival at Verizon Center, Washington DC
- 7:00 a.m. National Youth Rally and Mass for Life <http://youthrallyandmassforlife.org>
- 11:30 a.m. National March for Life, Washington Mall
Immediately following the national rally, we will travel by Metro Rail to "Friendship Heights" Station to return to 4-H Center
- 5:00 p.m. Dinner at National 4-H Center
- 7:00 p.m. Programming at National 4-H Center, featuring Vallimar Jansen

Saturday, January 20, 2018

- 7:30 a.m. Breakfast at National 4-H Center (provided)
- 8:00 a.m. Pack buses, check-out of rooms
- 9:00 a.m. Sightseeing in your groups (lunch on your own)
- 3:00 p.m. Travel by Metro Rail to the Basilica of the National Shrine
- 5:15 p.m. Mass at Basilica of the National Shrine of the Immaculate Conception
- 6:30 p.m. Depart for return trip to Michigan (dinner stop, overnight travel)

Sunday, January 21, 2018

- 8:00 a.m. Arrive at Cathedral Square / Muskegon Catholic Central

Code of Conduct

In order to insure safety and a relaxed environment for learning and worship with a large group, we ask you to read the following agreements.

- Participants must wear name tag with medical release and registration form at all times.
- For minors: the use of tobacco, alcohol, drugs, and weapons is prohibited for the duration of the trip. Those who fail to comply with this rule will be sent home at the participant's expense.
- For adults: the use of alcohol, drugs and weapons is prohibited for the duration of the trip. Those who fail to comply with this rule will be sent home at the participant's expense.
- Tobacco users over 18 may use tobacco products in designated smoking areas.
- Keep with your group and adult chaperone at all times.
- Respect will be given to all participants at all times.
- Use the trip to expand the people you know—avoid creating the appearance of closed groups—be welcoming!
- Care will be taken to respect the drivers and the use of the buses.
- Good judgment and a loving heart should guide your behavior. Any disrespectful or disruptive behavior will be dealt with quickly and certainly. Participants who use inappropriate language, illegal substances or destructive behavior will be removed and may be asked to leave early at his/her expense.
- Youth are expected to attend and remain with their assigned chaperone during tours and activities.
- Youth are expected to attend all programmed events following the given schedule.
- Socializing should take place in public areas. NO visiting is allowed in sleeping areas occupied by the opposite gender without the presence of a chaperone.
- At all times, display appropriate behavior toward the opposite gender.
- Disagreements that impose on an individual's or group's comfort level will be brought to the group leader's attention for resolution.

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Packing List

WHAT YOU SHOULD BRING:

- toiletries (toothbrush, toothpaste, soap, shampoo, deodorant, etc.)
- warm clothing (winter coat, boots, gloves)
- clothes appropriate for mass
- rain poncho
- money for meals, souvenirs, metro transportation, donations (enough for two meals, probably \$25-30 and about \$11 for metro. Suggested donation at Basilica Mass \$5 and votive candle, \$5)
- a small blanket for the bus
- backpack
- camera
- personal device (phone, games, etc.) with earphones
- books/journal
- Rosary
- snacks
- extra money for souvenirs (pro-life t-shirts, buttons, etc. will be available in DC and the museums have gift shops)

WHAT YOU MAY NOT BRING:

- drugs/alcohol
- weapons
- inappropriate games or videos
- more than one suitcase
- coolers

*Suitcases will be stored under the bus. You may keep a small blanket, small bag or backpack with personal items/snacks, etc. on the bus. Limit yourself to one piece of luggage.

**If you wish to see our accommodations please go to www.4hcenter.org

March for Life 2018
Registration Form
*** One Form per Participant ***

SECTION A – REGISTRATION INFORMATION

Name: _____ Date of Birth: _____
Street Address: _____ Male Female
City/State/ZIP: _____
Parish: _____ City: _____
Phone number: _____ Youth: Grade _____ Adult
Cell Phone (required for chaperones): _____
Parents' names (if youth): _____
Name for name badge: _____

SECTION B – MEDICAL TREATMENT AUTHORIZATION

To Whom It May Concern:

I hereby authorize treatment for my child myself by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me/my family.

Name _____ Relationship to you (if minor): _____

Reason for which release is intended: _____

Address: _____

City/State/Zip: _____

Emergency Phone(s): () _____ () _____

Family Physician Name: _____ Phone: () _____

Physician Address: City: _____

List allergies, medication, contacts, or other pertinent comments: _____

Health Insurance Data:

Company: _____ Policy: _____

Group No.: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____

(Adult or Parent/Guardian)

SECTION C – ADULT BEHAVIOR GUIDELINES

I have read and understand the Code of Conduct and agree to follow them for the March for Life.

(Adult Participant Signature)

SECTION D – YOUTH BEHAVIOR GUIDELINES

I have read and understand the Code of Conduct and agree to follow them for the March for Life. As parent or legal guardian, I remain fully responsible for the actions and conduct of my child. If it is necessary for my child to return home before the group returns, I understand it will be at my expense.

(Youth Participant Signature)

(Parent/Guardian signature)

SECTION E –

PARENTAL STATEMENT OF CONSENT (must be completed for those under the age of 18)

I hereby consent to participation by my child, _____ in the March for Life to be held January 18-21, 2018 in Washington, D.C. I understand that my child will be under the supervision of the designated parish/school employee/volunteer on the stated dates. I further consent to the conditions stated in the event description regarding participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in the March for Life, I agree to indemnify and hold harmless and defend the Catholic Diocese of Grand Rapids and _____ (parish/school), any and all affiliated organizations, their employees, agents, and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this event. This indemnification and hold harmless and defense agreement does not apply to claims for intentional misconduct.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

SECTION F – MEDIA RELEASE

I _____, hereby give permission for the personnel of the Catholic Diocese of Grand Rapids to photograph, film, video record and/or audio record my child/children (or allow area news reports to do the same for the purposes of (please check the items you will allow):

In-School/Parish Purposes use only

Public information for promotion of Diocesan, School, or Parish programs (brochures, newspapers, radio, or television)

Catholic Diocese of Grand Rapids website

_____ Parish website

Participant Name: _____

Parent/Guardian Signature: _____ Date: _____