

St. Francis Borgia
March for Life – January 24th, 2020
Washington, D.C.

“Human life must always be defended from its beginning in the womb and must be recognized as a gift of God that guarantees the future of humanity.”
Pope Francis

You are invited to travel with SFB to Washington, D.C. for the 47th annual March for Life! It is a joy-filled, inspirational event that celebrates life with hundreds of thousands others. We will depart at 3:30 pm on Thursday, Jan. 23rd, travel through the night, attend the youth rally and participate in the March for Life. We will depart 7pm Friday night from DC arriving in Cedarburg before noon on Saturday, Jan. 25th.

Costs: \$100 per person, plus money for meals. No one will be turned away. The Knights of Columbus generously donated to keep the cost low.

Please complete the form and return it to the Parish Office to the attention of Tobey Neuberger with payment. This guarantees a spot on the trip. **We also need chaperones - parishioners and parents are encouraged to attend!**

Contact Tobey Neuberger at neuby5@hotmail.com or (262) 376-8847 with any questions. Permission slip for minors on back. Please make all checks out to St. Francis Borgia Parish. High school students may attend without a chaperone, middle school students must have one parent or guardian attend. All adults must be Safe Environment compliant.

Name: _____

Address: _____

Email: _____

Phone: _____

Need financial assistance (all requests confidential) _____

Will Chaperone _____ Age if under 19 _____

Safe environment compliant _____

PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT
FOR ACTIVITY WITH ST. FRANCIS BORGIA CATHOLIC CHURCH, CEDARBURG WI

CHILD/WARD: _____ DATE(S) OF ACTIVITY: Jan 23-25, 2020.

PARISH: ST.FRANCIS BORGIA DESIGNATED SUPERVISOR OF ACTIVITY: Tobey Neuberger

ACTIVITY: March for Life Bus Trip, Rally, and March, Washington, DC, Jan. 23-25

METHOD OF TRANSPORTATION: Coach Bus

STUDENT COST (IF APPLICABLE): \$100 (financial aid available)

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include The Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against PARISH/SCHOOL which relates to the above named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

Parent/Legal Guardian Signature

Date

HEALTH FORM

NAME: _____ GENDER _____

BIRTHDATE _____

ADDRESS: _____ PHONE: _____

PARISH/SCHOOL: _____ FAMILY PHYSICIAN OR CLINIC: _____

PHYSICIAN ADDRESS: _____ PHONE: _____

FAMILY HEALTH INSURANCE: _____ POLICY NUMBER: _____

Please list any health information that might be needed by the retreat staff or emergency personnel: allergies, chronic conditions, recent or current illness or injury, tetanus status etc.

Please list any medications that your child will be taking while on the retreat:

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Legal Guardian Signature

Date

Address

H _____ C _____
Home & Cell Phone Numbers

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name (Please Print)

Relationship to Child

H _____ C _____
Home & Cell Phone Numbers