

January
17th-20th

March for Life Pilgrimage 2019

\$325



March for Life in Washington D.C.

Diocese of Knoxville

*For more information
and registration forms:*

See your Youth Minister, Notre
Dame High School, go to
www.dioknox.org or contact
Donna Jones at
423-622-7232 or
djones6029@gmail.com



Come join us on our Pilgrimage.....

Thursday evening.....leave, overnight on bus,

Friday—Youth Rally and Mass at the Capital One Arena, March for Life,
Silent No More speakers, touring around Washington D C, nice dinner,
then spend the night in Hotel (Holiday Inn Express, Manassas)

Saturday: Day of touring Washington D.C., Evening Mass at the Basilica
with touring, tour of Franciscan Monastery of the Holy Land, nice dinner.

“We have 112 spots, first come, first serve”

COST: \$325 includes bus, hotel, meals, events, metro tickets, hat

DEPOSIT DUE of \$150, Wednesday, Nov. 7th, 2nd payment, Dec. 19th

FORMS: By Youth Bulletin Board in back of church or by emailing Donna
Jones at djones6029@gmail.com

Diocese of Knoxville Youth Ministry Youth Code of Conduct

1. The use of drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, electric cigarettes, vaping or items that would endanger people, pets, wildlife or property are strictly prohibited.
2. Clothing must be appropriate. Spaghetti straps, short shorts, tank tops, halter tops, baggy pants, and any clothing item found bearing midrifts or offensive in reference to tobacco or alcohol products including insignias or advertisements will not be allowed. **Leggings must be worn with tops covering your behind!**
3. Language and behavior should exemplify Christian values.
4. Public displays of affection will be addressed when deemed inappropriate.
5. Participants are expected to respect the rights and property of others. Neither vandalism nor stealing will be tolerated. Financial obligations that result from such behavior will be the sole responsibility of the youth and his/her family.
6. Male and female participants are not to be in each other's sleeping areas without a chaperone.
7. If applicable, participants must wear their nametags at all times.
8. No participants are permitted to leave the premises without the expressed permission of the coordinator.
9. Cell phones can be brought, but need to be put away and not used unless calling home. We do not want you to miss anything during the night. We reserve the right to take them up if misused.
10. No participants are allowed to ride in a car with another participant to, from or during an event unless expressed permission has been given by a parent/guardian to the coordinator.
11. Each participant is expected to participate in all activities of the event. The coordinator will address any infraction.
12. Food and drinks are only to be consumed in designed areas.
13. Participants are to abide by specific regulations pertaining to individual events not stated above.

Note: The coordinating team takes every precaution to provide a safe environment. We cannot be held responsible for the willful misconduct of a young person.

Code of Conduct: I agree that my child is expected to abide by all rules and regulations as outlined in the Code of Conduct. I agree that if my child fails to abide by this Code or engages in any infraction that is deemed by the coordinator to be inappropriate, he/she will be dismissed from this activity and sent home at my expense with no right of reimbursement.

Parent's Printed Name _____

Parent's Signature _____

Date _____

I have read the foregoing and understand the Code of Conduct for participants and I will abide by them. In addition, I will abide by all directions given me by the coordinators and adult chaperones. I understand and agree that my parents or guardians will be notified at the time of any infraction requiring my dismissal from this event and that I will be sent home at the expense of my parents or guardian. I also understand that being in possession of any tobacco product, alcoholic beverage, or drug is cause for automatic dismissal from this event.

Participant's Printed Name _____

Participant's Signature _____

Date _____

March for Life Pilgrimage 2019

Thursday, January 17th - Sunday, January 20th
Sponsored by the Diocese of Knoxville

Where: Washington D.C.

Who: High School Students

Cost: \$325 (includes bus, 2 nights in hotel, hat, 5 meals, metro passes)

Agenda: **Thursday:** Leave to spend night on bus.

Friday: Youth Rally and Mass, March for Life, Silent No More Speakers, Dinner, Night in Hotel.

Saturday: Touring Washington D.C., Mass at the Basilica, Dinner, Franciscan Monastery of the Holy Land.

Participant Name: _____

Address: _____

City, State, Zip: _____

Student Phone # _____

Parents # _____

Grade: _____ Gender: _____ Parish: _____

E-Mail: _____

DEPOSIT of \$150 DEADLINE:

Wednesday, November 7th, make checks out to:

Chattanooga Deanery Youth Ministry

2nd PAYMENT DUE: Wednesday, December 19th

"First Come, First Serve on the Bus! Only 112 Spots!"

Mail Registration Forms and Payment to:

Chattanooga Deanery Youth Ministry

501 South Moore Road

Chattanooga, TN 37412

Attn: March for Life Pilgrimage

For more information contact Donna Jones 423-622-7232



The Diocese of Knoxville
Office of Youth & Young Adult Ministry

YOUTH MEDICAL FORM AND LIABILITY WAIVER

Participant's Name: _____ Zip _____

Address: _____

Emergency Phone: (____) _____ @ _____

E-Mail Contact: _____

Age: _____ Gender: _____ Birthdate ____/____/____ Grade _____

Parish: _____

T-shirt Size: Small Medium Large XL 2XL 3XL

I _____ give my permission for my child to

participate in the _____

I also understand that a certain code of conduct is expected of all youth and adults attending any Diocese of Knoxville sponsored event. By signing below, I state that my child has read, signed and has full understanding of the code of conduct. I understand that any violation of the code of conduct by any youth is grounds for dismissal. If a young person is in violation of the code of conduct, I understand that I will be contacted by telephone regardless of the time of day or evening to be informed of the incident. I also understand that all arrangements and costs for transportation home will be the responsibility of the parent or guardian.

Print Parent/Guardian Name _____ Date ____/____/____

Signature _____

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health.

I assume all responsibility for the health of my child with our families

insurance. Of the following statement pertaining to medical matters, *sign only those in accordance with your wishes:*

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to the hospital for emergency medical or surgical 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 number contact:

Name: _____

Phone: (____) _____ Relationship: _____

Health Plan Carrier: _____

Member ID: _____

Group #: _____

Social Security Number: _____ - _____ - _____

Print Parent/Guardian Name _____ Date ____/____/____

Signature _____

OTHER MEDICAL TREATMENT

1. In the event it comes to the attention of the Diocesan and Parish agents, chaperones or representatives associated with this event that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called using my emergency phone number.

Print Parent/Guardian Name _____ Date ____/____/____

Signature _____

2. My child is taking medications at present. My child will bring all such medications necessary and such medications will be labeled. Names of medications and concise directions for administering such medications, including dosage and frequency are:

Print Parent/Guardian Name _____ Date ____/____/____

Signature _____

3. I hereby grant permission for non-prescription medication (such as Tylenol, Advil, throat lozenges, and cough syrup) to be given to my child, if deemed advisable.

Print Parent/Guardian Name _____ Date ____/____/____

Signature _____

4. No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Print Parent/Guardian Name _____ Date ____/____/____

Signature _____

Dietary Needs: _____

Allergies: _____

Physical Limitations: _____

Special Medical Conditions: _____
