

2017 Youth Rally and Mass for Life Diocese of Lafayette-in-Indiana

January 26 – 29, 2017

High School Youth

Join youth from around our diocese for a trip to Washington D.C. to defend life. This trip is not for the faint of heart. We will be traveling 11 hours by bus and offering our sacrifices for the unborn. If you would like to join us, please fill out the registration form and return it to your youth minister.

\$30 Deposit and Form due to your youth minister by: _____

Total cost: \$215 per person

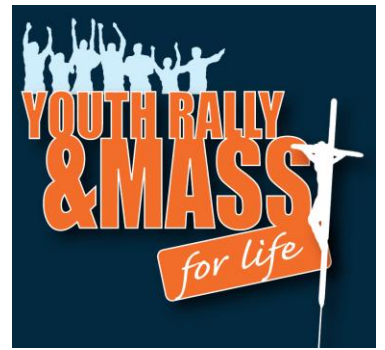
Deposit: \$30 per person due to Diocesan Office by December 1, 2016

Balance: \$185 per person due to Diocesan Office by January 8, 2017

(Turn all forms and money into your youth minister.

They will have their own deadlines.)

Cost includes: Sweatshirt, bus fare, overnight accommodations, and tours.



What to bring:

Pillow
Blanket
Toiletries
Snacks
Water Bottle
Sleep Mask
Bible, Rosary
Layers of Warm Clothes
Warm, Comfortable Walking
Shoes
Suggested food Amount \$75

For more information or questions contact Evelyn Burton, Associate Director for Youth Formation, at eburton@dol-in.org or (765) 269-4655

General Itinerary for the Youth Rally and Mass for Life Pilgrimage

Thursday, January 26

5:30 PM Gather and load buses at St. Joseph Parish, Lebanon
6:00 PM Depart for Washington D.C.

Friday, January 27

Breakfast – on bus
7:00 AM Arrive at Youth Rally and Mass for Life in downtown Washington D.C.
12:00 Noon Gather to participate in the March for Life around the Capital Building.
5:00 PM Tour the National Basilica
6:30 PM Head to Trenton N.J. and have Dinner
9:00 PM Arrive at Comfort Inn (2779 Route 1 North Trevoise PA 19053)
Snacks, Relax, and Prayer

Saturday, January 28

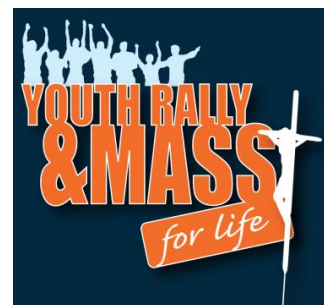
6:30 AM Rise and Shine and Clean-up
7:00 AM Breakfast included
8:00 AM Travel to 9/11 Memorial Museum Special Tour included in cost
1:00 PM Lunch
3:00 PM Tour St. Patrick's Cathedral, NY
3:30 PM Prayer and Confessions
5:30 PM Mass at St. Patrick Cathedral
6:30 PM Load buses and eat dinner on return trip to Indiana (arrive by 7:30 AM Sunday Morning)

Times may be adjusted closer to date. The final itinerary will be distributed and posted on the website by January 8, 2017. Also, with all trips weather and / or other unforeseen circumstances may require times to be adjusted. We ask for your patience and flexibility.

Sponsored by: Office for Catechesis
2300 S. 9th Street
Lafayette, IN 47909
(765) 269-4655

2017 Youth Rally and Mass for Life INDIVIDUAL PARTICIPANT REGISTRATION FORM

(Please PRINT clearly)



Clearly Mark One:	Youth _____	Adult _____	Priest _____
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First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: (_____) _____ **Parent's Cell Phone:** (_____) _____

Email: _____ **Date of Birth:** _____ **Male** _____ **Female** _____

Diocese of Lafayette-in-Indiana/Region 7 **Parish Name:** _____

Deanery: _____ **Sweat Shirt Size (adult)** S M L XL XXL

Mother/Guardian First & Last Name: _____

Father/Guardian First & Last Name: _____

Mark Access Needs: Wheelchair Access _____ Hearing Impaired/Interpretation Needed _____
Visually Impaired _____ Mobility Impaired _____

Adults only: Background Check: _____ Protocol Safe Conduct Training: _____

Emergency & Medical Release – Diocese of Lafayette-in-Indiana
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Emergency Contact Name(s): _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

Health Insurance Co: _____ **Policy #:** _____

Allergies, Dietary Restrictions or Special Needs: _____

Name of Medication	Dosage	Frequency	Reason

PARTICIPATION CONSENT:

I will not hold the Diocese of Lafayette-in-Indiana responsible in the event of any injury or accident while participating and/or traveling to and from the *Youth Rally and Mass for Life*. I warrant that, to the best of my knowledge, I am in good health and am able to participate in all program activities. (Please indicate limitations under special needs). I understand that if I am 18 or younger & in High School, my **medication will remain in the possession of the adult team leader (exception: inhaler)** and be dispensed as prescribed. I understand that non-prescription medication (such as Tylenol, throat lozenges, etc.) will not be available unless brought by the participant. **In case of medical emergency**, I understand that every effort will be made to notify the emergency contact of the participant. If treatment is necessary, I hereby give permission to the medical staff to hospitalize & secure proper treatment for me.

I understand I may be photographed, unidentified in group situations; and I hereby grant permission to be photographed & identified for releases to *The Catholic Moment* and/or Diocesan website and/or other promotions.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

(Required for 18 & under and in High School)

Use of Image Waiver Attendee Form

Please carefully read and sign this form for the 2017 Youth Rally and Mass for Life.

‘Through my own and/or my child’s acceptance and use of the ticket to enter and attend the 2017 Youth Rally and Mass for Life, I hereby grant the Archdiocese of Washington permission to use my own and/or my child’s image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively “promotional materials”) without payment or any other consideration. I understand and agree that these promotional materials will become the property of the Archdiocese of Washington and will not be returned. I hereby irrevocably authorize the Archdiocese of Washington to edit, alter, copy, exhibit, publish or distribute my own/my child’s image or likeness for purposes of publicizing or promoting the Archdiocese of Washington’s programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my own/my child’s likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials. I hereby hold harmless and release and forever discharge the Archdiocese of Washington from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf, my child’s behalf, or on behalf of my estate have or may have by reason of this authorization.’

Name/Child’s Name

Signature

Date