

MARCH FOR LIFE REGISTRATION PACKET
YOUTH BUS-January 21, 2022



Youth Bus Details: (All Youth in Grades 7-12)

Registration opens for the youth bus on Sunday, December 5th. Bus will fill up on a first come, first serve basis. We will be leaving St. Veronica's at 7am and heading to the Eagle Bank arena for Mass with Bishop Burbidge and a special pro-life event hosted by the Diocese of Arlington called Life is Very Good. Afterwards, we will enjoy a Chick- Fil-A lunch and then head downtown for the March for Life. We will return to St. Veronica by 6pm. Every youth participant will receive an embroidered hat and scarf to take home. Cost for the day is \$25 and includes transportation, Life is Very Good, lunch, and hat/scarf set. What a deal! Permission slips, Covid releases, and check made payable to St. Veronica are due to the Parish Office by January 12th. Contact youthapostolate@stveronica.net

St. Veronica School Students in grades 7 and 8 can participate as a school field trip and will be riding on the youth bus. These students should register with Ms. Cintorino.

Keep the top page for your records



2021-2022 PERMISSION SLIP

Participant's Name (Please print) _____

Home Phone _____

Address _____

City/State/Zip _____

Parent's Name _____

Mobile Phone _____

Work Phone _____

Safety: As the participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese and the Parish.

Signature of Participant _____

Date _____

Parental Permission and Liability Release: As parent/legal guardian of the participant names above, I give my permission to participate fully in March for Life / Life is Very Good (Name of Program or Trip) from 1-21-22 7am (Start Date/Time) to 1-21-22 6pm (End Date/Time). I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Photo, Press, Audio, and Electronic Media Release: I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes.

Emergency Contact: Name _____ Relationship: _____

Phone Number: (H) _____ (W) _____ (C) _____

Health Information: Are there any medical conditions which may affect the participant's involvement in the above event? _____

Are there any known allergies including any allergies to medicine? _____

Physician and Medical Insurance: Primary Healthcare Provider _____ Phone _____

Insurance Company _____ Policy Number: _____

I understand and hereby agree to the terms and conditions of the participant's involvement in the above described event and I freely execute this Acknowledgement with full knowledge of its content.

Signature of Parent or Legal Guardian _____

Date _____

March for Life - youth Bus

REQUIRED AGREEMENT FOR DIOCESE OF ARLINGTON YOUTH MINISTRY PARTICIPANTS

PARTICIPANT NAME(S): _____

PARISH NAME: _____

PARENT/LEGAL GUARDIAN NAME: _____

Assumption of Risk

The novel coronavirus and its variants that cause COVID-19 have resulted in a worldwide pandemic and are contagious. In order to continue in-person ministry, the parish named above ("Parish") and the Catholic Diocese of Arlington have established essential health and safety measures. The Parish/Diocese have put in place precautionary measures and standards of behavior to reduce the likelihood of spread of COVID-19 in Youth Ministry activities. These measures and standards may be updated during the ministry year.

Even with the implementation of these health and safety protocols, however, the Parish and the Catholic Diocese of Arlington cannot guarantee that you or your child(ren) will not become infected with COVID-19. Attendance at the Parish/Diocesan Event and participation in Youth Ministry activities could increase your risk and/or your child(ren)'s risk of contracting COVID-19. Any interaction with others may result in exposure to, and illness from, communicable diseases including COVID-19.

I understand that Youth Ministry activities are not mandatory. By sending my child(ren) for in-person Youth Ministry Activities, I give my informed consent for me or my child(ren) to participate and assume responsibility for the above-noted risks.

I willingly agree that my child(ren) and I will comply with the health and safety protocols established by the Parish/Diocese, including any future modifications to those protocols, and will take all reasonable and necessary additional precautions to protect against communicable diseases while on Parish premises or Diocesan Event location, not only for our own benefit but for the benefit of others with whom we may come into contact. We agree that if we observe any objects, practices or procedures we believe to be hazardous while on Parish premises or Diocesan Event location, we will remove ourselves from the location of such hazards and bring it to the attention of Parish or Diocesan administration immediately.

Liability Waiver

By signing this agreement, I acknowledge the contagious nature of COVID-19 and that my child(ren) and/or I may be exposed to or infected by COVID-19 by participating in in-person Youth Ministry activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the above-named Parish or Diocesan Event may result from the actions, omissions, or negligence of myself, my child(ren) or others, including, but not limited to Diocesan or Parish administrators, employees, volunteers, and other program participants and their families.

I further agree on behalf of myself and/or my child(ren) named herein, and our respective heirs, successors, and assigns, fully and forever to release, defend, indemnify, and hold harmless the Catholic Diocese of Arlington, the parish, their clergy, administrators, employees, agents, members and volunteers ("Indemnitees") from any and all claims, damages, demands, and causes of action, present or

future, known or unknown, anticipated or unanticipated, in any way related to exposure to COVID-19 while participating in Youth Ministry activities, including but not limited to any claims of negligent exposure. This includes claims that arise from my own and others' acts, actions, activities and/or omissions, excepting only those that arise solely from the gross negligence, recklessness or intentional torts of Indemnitees, and those that are both (a) not asserted by our child or family or any member thereof, and (b) not alleged to arise from our acts or omissions. With respect to claims alleged to arise from our acts or omissions, our agreement to defend, indemnify and hold harmless the Indemnitees shall be effective only in the event that I, my child, or a member of our family is determined to be liable for such acts or omissions under applicable law, or by agreement. I will defend and indemnify Indemnitees with respect to any released claim, including but not limited to damages, costs and attorney's fees.

Responsibility for Health Screening

By execution of this Statement, I affirm that my or my child(ren)'s presence at named Parish or a Diocesan Event on any day constitutes an affirmative representation on my part that I/we have performed all health screening steps required by the Parish/Diocese for attendance or participation in Youth Ministry activities.

I understand that on any day when my child(ren) does not pass the required health screening (which may include questions relating to other members of the household as well as my child(ren)), I and/or my child(ren) are not permitted to participate in in-person Youth Ministry activities.

Need to Inform and Quarantine

I understand, in the event that I/my child is suspected or confirmed positive with COVID-19 or has come in close contact with a person suspected or confirmed positive with COVID-19, I/my child will need to follow the CDC's guidance for isolation or quarantine as implemented by the Virginia Department of Health and local health departments. Information is available at www.cdc.gov. I agree to inform the Parish administration as soon as possible, but no later than one (1) business day, after learning of my/my child's suspected or confirmed positive case of COVID-19 and/or the need to quarantine due to close contact with a person suspected or confirmed positive for COVID-19. I understand that I/my child may not return to in-person Youth Ministry activities until approved by Parish Administration, or as applicable, by Diocesan Staff.

Authorization and Informed Consent

I hereby authorize the Parish to enforce such other reasonable measures and directives as may be deemed necessary by the Bishop of the Diocese of Arlington, its Office of Youth, Campus, and Young Adult Ministries, or the Parish leadership. I further understand that, in the event that it becomes necessary that events or programs should be canceled or administered via electronic media, I will not be entitled to a refund of any of my fees.

By execution of this Agreement, I understand and agree to the foregoing terms and conditions.

Student Signature (if 18 or older): _____

Parent/Legal Guardian Signature: _____

Date: _____