## **ACTIVITY INFORMATION: March for Life 2022**

## **Completed by Church Agency**

(Keep this form)

## B. <u>One-Time Activity</u>

Church Agency	St. Ignatius	
Activity	March for Life	
Location	Washington D.C.	
Emergency Number	513-237-2494 (Emily Branscum)	
Cost	\$150 (plus extra cash for meals)	
Starting Date & Time	Thursday Jan. 20 <sup>th</sup> 8:30am	
Meeting Place	Loyola Hall at St. Ignatius (behind the parish offices)	
Ending Date & Time	Friday Jan. 20 <sup>th</sup> 11:59pm	
Meeting Place	Loyola Hall	
Activities Involved	Youth group activities, private mass and prayer activities, March for	
	Life, reflections/witness sharing	
Type of Transportation	Charter Bus Service	
Group Leaders	Emily Branscum	
Telephone Numbers	Emily: 513-237-2494	
Other Information	Detailed itinerary is attached	

Forms to turn	in:	
	Permission From & Covid Acknowledgment	
	Medical Release	
Other Informa	ation	
	Payment and permission and medical forms are due <i>no later</i> than <b>January 19th</b> .	
	Checks can be made out to St. Ignatius.	
	We will arrive for check in Thursday January 20th at <b>8:30am</b> . We will meet in	
	Loyola Hall. After check in we will attend 9:15am mass together then load the	
	bus and hit the road at 10:30am.	
	We will stop for lunch and dinner on the way to the DC on Thursday. Please	
	make sure your teen has <b>extra spending money</b> for these meals. Please see the	
	itinerary for exact details.	
	Extra money (in addition to food money) may be brought for the vendors located	
	around the March and DC	
	We will be staying at St. Lawrence, see packing list for more details.	

## **Permission Form & Covid Acknowledgment**

I, the parent or lawful guardian of	th individually and as trustee for the Archdiocese of ese, and their officers, agents, representatives, judgments, cost or expenses, including attorney fees,
We, the undersigned parent(s) and child, acknowledge and aggroup activities and as parent(s) of that child, entering the preministers, peers, and other Parish staff, involves a certain degrommunicable disease, including COVID-19, and then poten Due to the highly contagious nature of COVID-19, the charact youth ministers, and staff at Saint Ignatius, there is an elevation the building, on the premises, or at any youth group functional interest and staff at Saint Ignatius.	emises (youth room), having personal contact with youth gree of risk, namely of parent(s) and/or child acquiring a stially passing it on to others, including family members eteristics of the virus, and the close proximity of children ted risk of child contracting the disease simply by being
By signing this form below, we acknowledge a involved, and having the opportunity to discuss these risks we voluntarily and willingly accept those risks and acknowledge and other in-person parish functions is the choice who visit youth group have underlying health concerns who communicable disease, including COVID-19, we acknowledge professional before child or parent(s) return to youth group, a acknowledge that while adherence to safety and precautionary handwashing, etc.) may reduce possible exposure to the risk of serious illness and death remains. We do hereby accept and child or parent(s) while at youth group or any youth group further than the serious illness and death remains.	crowledge that returning to in-person youth group ce of each family, including ours. If child or parent(solich may place them at greater risk of contracting and edge and agree that we will consult with a health care attend any youth group function, or visit. Moreover, we are measures (e.g., social distancing guidelines, facemasks of contracting a communicable disease, the possibility of assume sole responsibility for any illness acquired by
We further acknowledge, understand, and agree that its youth ministers, participants, and others to take certain papered of COVID-19. Specifically, we agree that neither chi youth group function in person, if in the 14 days prior to comparent(s) has had any of the following: new cough, shortness of (intermittent or constant), chills, new muscle pains or body new loss of taste or smell, or gastrointestinal symptoms like these symptoms have been affirmatively diagnosed by a healt illness or condition. In such case, we agree to obtain supposshare such documentation with youth group. Additionally, we group or any youth group function if in the last 14 days, child close contact (within 6 feet) with anyone, including a family respectively.	ild nor parent(s) will come to youth group or attend any sing to youth group or any youth group function, child of of breath, difficulty breathing, fever of 100.4 °F or highe aches, headache, sore throat, congestion or runny nose e nausea, vomiting, or diarrhea. This does not apply it thcare provider as being caused by some non-contagiou orting documentation from our healthcare provider and e agree that neither child nor parent(s) will come to youth d or parent(s) has had prolonged (more than 10 minutes
Parent signature	Date
Phone Number	_