

**Student Registration Form (under 18 yrs.):**

Student Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

Chaperone: \_\_\_\_\_

Chaperone Cell Phone: \_\_\_\_\_

\*\*\*\*\*  
Parent Name: \_\_\_\_\_

Parent Phone(s): \_\_\_\_\_

**Email(s) - all communications regarding Trip will be via email:**

**Liability Waiver**

I, \_\_\_\_\_ (parent/guardian), grant permission for my child named above to participate in the Pro Life trip to be held in Washington, DC on Jan. 21-24, 2016. I will not hold the Archdiocese of Indianapolis, St. Nicholas Church or School or Chaperones responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling necessary emergency medical treatment. I will not hold the Batesville Deanery responsible for any injury incurred during the trip and to and from the trip. I hereby warrant that to the best of my knowledge, my child is in good health, and assume all responsibility for my health. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In an emergency, if you unable to reach me at the phone number(s) provided, contact:

**(Student Registration Form Continued)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Special Needs of Child: Please contact Sharon Cornett (812-623-4450).

Please initial one of the following:

Non-prescription medication may be given to my child if deemed necessary.

No medication of any type may be administered to my child unless emergency treatment is required.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**For More Information:**

Contact: Sharon Cornett

Call: 812-623-4450

Email: [marchforlife@stnicholas-sunman.org](mailto:marchforlife@stnicholas-sunman.org)

[St. Nicholas Catholic Church](#)  
[6461 E. St. Nicholas Drive](#)  
[Sunman, IN 47041](#)

**Pilgrimage for Life to Washington, DC January 21 - 24, 2016**



\*Attend the Vigil for Life at the National Basilica\*

\*Walk the March for Life showing support for the unborn\*

\*Sightsee in the Metro DC area\*

Fr. Shaun Whittington invites you to join him for another awesome trip to historic Washington DC for the National Right to Life Rally. We will be traveling by bus and sleeping two nights at the Comfort Inn in College Park, MD. All participants must complete the enclosed registration form and send their reservation fee of \$180 per person to: St. Nicholas Church, Attn: March for Life, 6461 E. St. Nicholas Drive, Sunman, IN 47041. Questions, please contact Sharon at [marchforlife@stnicholas-sunman.org](mailto:marchforlife@stnicholas-sunman.org) or call 812-623-4450.

**Thursday, January 21**

3:30am Check in at St. Nicholas gym  
4am Depart St. Nicholas  
8am Breakfast at fast food (on your own)  
Lunch (sack lunch provided)  
5pm Arrive at National Basilica and attend  
Vigil Mass for Life  
9:30pm Pizza dinner at hotel

**Friday, January 22**

Mass  
Breakfast at hotel  
9am Tour Franciscan Monastery of the  
Holy Land  
12pm Lunch on the bus  
(sack lunch provided)  
1pm March for Life  
4pm Dinner at food court (on your own)  
5:30pm Tour area memorials  
Return to hotel

**Saturday, January 23**

7am Mass  
8am Breakfast at hotel  
9:30am Sightsee  
12pm Monticello - Tour/Lunch  
2pm Depart for home  
5:30pm Sit down dinner (on your own)

**Sunday, January 24**

2-4am Arrive at St. Nicholas

All participants need to complete the enclosed registration form. To reserve your seat, a registration form and trip fee of \$180 per person should be sent to St. Nicholas Church, Attn: March for Life, 6461 E. St. Nicholas Drive, Sunman, IN 47041. Reservations are made on a first come, first served basis.

Please bring: enough cash for one meal per day and incidentals, layered clothing, sleeping bag and toiletry items. Four people are assigned to each room (students with students; adults with adults). The Archdiocese of Indianapolis requires all adults (18 and older) who work with children to complete the Safe and Sacred program (includes a background check) before volunteering. If you have not completed this program please go to <https://safeandsacred-archindy.org>. Any questions regarding training, please contact Kristin Lefler (317-236-1594). Please do not bring expensive electronics. Cell phone use and texting must be kept to a minimum. All students are required to have an adult chaperone with them at all times. We ask that you give each adult your full cooperation. Fr. Shaun Whittington is overall in charge and may call upon your prompt assistance.

In order to be counted as being on this trip, all paperwork and money must be turned in to St. Nicholas. Our bus capacity is 106 seats. Please pray for the end of abortion and thank you for journeying with us.

**Adult Registration Form (18 yrs. & older):**

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St \_\_\_\_\_

**Email(s) - all communications regarding Trip will be via email:**

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I agree to chaperone the following students:

\_\_\_\_\_

**Liability Waiver**

I, \_\_\_\_\_, will not hold the Archdiocese of Indianapolis, St. Nicholas Church or School or Chaperones responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling necessary emergency medical treatment. I will not hold the Batesville Deanery responsible for any injury incurred during the trip and to and from the Pro-Life Trip from January 21-24, 2016. I hereby warrant that to the best of my knowledge, I am in good health, and assume all responsibility for my health.

\_\_\_\_\_  
Signature Date

In case of emergency, please contact:

\_\_\_\_\_  
Name Phone