

STUDENT PERMISSION SLIP
MARCH FOR LIFE 2012

**THIS FORM IS TO BE COMPLETED
FOR EACH STUDENT ATTENDING
WITH A SCHOOL OR PARISH GROUP**

Group Name: _____ Amount enclosed: _____ cash check # _____

I / We, the parents of _____ request that my/our son or daughter participate in the March for Life in Washington, DC from January 22-24, 2012.

We hereby release and save harmless the school/parish of _____ and the Diocese of Worcester, MA, and any and all of its employees from any and all liability for any and all harm arising to my/our son/daughter as a result of this trip.

Parent Signature: _____
Date: _____

I agree to participate in the 2012 March for Life in Washington, DC. I will arrive at St. Paul's Cathedral, Worcester, for the Mass at 7:30 p.m. on Sun., Jan. 22 and arrange for transportation home from the return trip (arriving back at St. Paul's at approximately 1:00 a.m. on Tues., Jan.24). I agree to exhibit considerate Christian behavior throughout the trip, in keeping with the policies of my school, parish, and the Diocese of Worcester, and to accompany the assigned chaperone and follow their instructions.

Signature of Student: _____

Contact Information: (please PRINT, and fill out completely)

Student Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Parents' Names: _____

School/Location: _____ Grade: _____

Please provide information for a minimum of two emergency contacts on the lines below:

1. _____
NAME RELATIONSHIP PHONE

2. _____
NAME RELATIONSHIP PHONE