



THE TEXAS RALLY FOR LIFE

SATURDAY, JANUARY 26, 2013

The Diocese of Victoria is coordinating a trip for all Junior High and High School young people and their chaperones. We will travel by bus to the 2013 Texas Rally for Life in Austin on Saturday, January 26, 2013. We will leave the Diocese of Victoria Chancery (1505 E. Mesquite) in Victoria or other locations at 8:00 AM. After the rally, we will leave Austin at approximately 5:00 PM—arriving back in Victoria at 7:45 PM. Groups from around Texas will meet at the northwest corner of 15th Street and Colorado Street to march to the South Steps of the Capital.

Your Public Witness commemorating the 40th anniversary of the tragic **Roe vs. Wade** decision will show legislators and the media that Texans want laws that help men and women **Choose Life**, not death, for their unborn children.

- There is no cost to attend.
- Cost of the trip will be covered by the Office of Youth Ministry of the Diocese of Victoria.
- Please plan to bring a sack lunch, snacks, and drinks for the trip.
- Groups must be registered, with permission forms for all attending, by January 7, 2013.
- All chaperones must be safe environment compliant and there must be one chaperone for every 6 students from your parish.
- You may register either online or by returning the attached form.
- Please contact the youth office for sessions available to evangelize to your young people prior to the event .

All young people and adults must submit permission/medical release forms to the parish lead contact and they will be verified before loading buses.

OFFICE OF YOUTH MINISTRY AND YOUNG ADULT MINISTRY

DIOCESE OF VICTORIA IN TEXAS

PERMISSION FORM/MEDICAL RELEASE

NAME _____ Gender _____ Grade _____

Address _____ City _____

St/Zip _____ Phone (____) _____

Age _____ Birthdate _____ Parish _____

PARENT/LEGAL GUARDIAN'S NAME _____

Address (if different than above) _____

Phone (____) _____ Cell (____) _____ Wk (____) _____

I request and give my consent for my son/daughter, _____ to participant in the Texas Rally for Life in Austin on January 26, 2013 sponsored by the Office of Youth Ministry of the Diocese of Victoria. I understand that my son/daughter will be under the supervision of diocesan and/or parish personnel. As parent or legal guardian I agree to defend, indemnify and hold harmless the Diocese of Victoria its clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in the above mentioned activity or during the transportation to and from the event. I grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.) and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising diocesan personnel. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

_____(please initial for consent) **Photo Disclaimer:** I hereby give permission for my son/daughter to be photographed or video taped. I realize that the photo may be published in the newspaper, a magazine, or other publication. The video may be used for educational purposes or informational purposes regarding programs or curriculum.

Date

Parent's Signature

Family Physician _____ Phone (____) _____

Address _____ City/State/Zip _____

My son/daughter is allergic to: _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for: _____ Medication that my son/daughter is allergic to: _____ Last immunization/booster for Diphtheria/Tetanus: _____

Any specific medical problems: _____ Any physical limitations: _____

In an emergency, if unable to reach parent/guardian, please contact:

Name _____ Work Phone (____) _____ Home Phone (____) _____

Name _____ Work Phone (____) _____ Home Phone (____) _____

Name of Insurance Company _____ Phone (____) _____

Address _____

City/St/Zip _____

Name of Insured _____ Policy # _____

Group or Plan # _____