

THE ST FRANCIS THEOLOGIANS FOR LIFE

Invite you to **WEST COAST WALK FOR LIFE**



Parents and students, join your fellow Troubies and youth from around the diocese for a day of prayer and formation as we head to Walk for Life in San Francisco on January 23, 2016.

- The cost for the trip will be \$25 per person.
- Students will depart from the Pastoral Center at 2110 Broadway, Sacramento, CA 95818 at 8:30am. Students should arrive by 8:15 am to check-in with St. Francis chaperones.
- Return time will be determined by the conclusion of dinner in San Francisco. Your daughter will notify you of arrival time back in Sacramento.
- The bus will have 2 speakers to lead short formation sessions on the trip to San Francisco.
- After the Walk for Life we will head to Pier 39 for shopping and dinner before heading back to Sacramento.
- Please bring extra money for dinner and any shopping you wish to do. Wear comfortable walking shoes and bring snacks, a sack lunch and water bottle.

To register: Complete the permission slips and return them to the CLC by December 18, 2015 with a check for \$25.

If you have any questions please contact Tasha Schrock at 916-737-5027 or tschrock@stfrancishs.org



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Because Women Deserve Better than Abortion.®

12TH ANNUAL

WALK *for* LIFE

WEST COAST

Saturday, January 23 • CIVIC CENTER PLAZA • San Francisco

Rally: 12:30PM

CIVIC CENTER PLAZA

Info Faire: 11:00AM

Saturday, January 23, 2016



Rally starts at Civic Center Plaza, walking down Market Street (2 miles).

BART, public transit and parking available.

WalkforLifeWC.com



Activity Permission Form

Participant Name: _____

Parent/Guardian Names: _____

(Please print)

Home Phone Numbers _____

Parent Work Phone Numbers _____

Parent Cell Phone Numbers _____

Student Cell Phone Number _____

Activity Date: Saturday, January 23, 2015

Activity Description: Students of St. Francis HS will participate in the West Coast Walk for Life trip sponsored by the Diocese of Sacramento.

- Transportation: Family to provide
- Provided by adult chaperones (in accordance with diocesan guidelines)
- Other: Bus chartered by the Diocese of Sacramento leaves and returns to the Pastoral Center, 2110 Broadway, Sacramento, CA 95818
- Alcohol will be served at this event. Please refer to Student/Parent Handbook.

Emergency information on file with St. Francis High School is current. Yes No

(If no, please update emergency information with the front office prior to activity.)

Parent Agreement / Consent

I/we, the undersigned parents or guardians of the participant named on this form give permission for my/our child's participation in the St. Francis High School activity referred to on this form.

- I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from St. Francis High School staff or adult volunteer leaders.
- I/we give permission for my/our child to be transported to and/or from St. Francis High School programs, events, and activities as described above.
- I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of her participation in any St. Francis High School activity, whether or not caused by the negligence of the school or diocesan employees or agents, or volunteers or other participants.
- I/we understand that in the course of participating in St. Francis High School activities, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.

Accordingly, in consideration for being permitted to participate in St. Francis High School activities, to use the equipment provided, and to enter the premises and facilities of St. Francis High School and the Diocese of Sacramento, for any purpose including observation of and participation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

- To release, waive, discharge, and promise not to sue the Roman Catholic Bishop of Sacramento, a corporation sole and St. Francis High School, its affiliated entities, employees, agents, and volunteers (the "Diocese") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche, or injury to property of the minor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by the Diocese while the minor child, parent, or guardian is participating in St. Francis High School activities or in, upon, or about the premises of the Diocese or any of its facilities or equipment.
- To indemnify and hold harmless the Diocese from any loss, liability, damage, or cost it may incur due to the presence of the minor child, parent, or guardian in, upon, or about the premises of the Diocese, its facilities or equipment, or while participating in any St. Francis High School activities whether caused by the negligence of the Diocese or otherwise.
- That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

I/we have read this Agreement and understand and agree to everything set forth above.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Activity Behavior Expectations

Behavior

At a school-sponsored event, the student is expected to:

- Comply with school policies and event policies regarding dress and behavior;
- Refrain from smoking, drinking alcohol, or using drugs;
- Remain with at least two other students at all times;
- Never go out alone and/or unsupervised;
- Never spend time socializing with 'local' people around the hotel or within the city;
- Never bring strangers—'local' people or other event participants—to the hotel or to your room;
- Never give out vital information (such as hotel name, phone number, or room number) to anyone not connected with SFHS;
- Notify chaperones of any excursions outside of group activities;
- Be on time to all scheduled activities;
- Participate in all group activities and events;
- Remain in the hotel if feeling sick;
- Be in the hotel by established curfew and remain until wake-up call.

Consequences

At a school-sponsored and chaperoned trip, the chaperones will review the situation and enforce the following consequences for any breach of expected behaviors:

- Parents will be notified and apprised of the situation;
- If warranted, the parent will be required to pick up the student from the event;
- If the parent is unable to pick up the student in a timely manner, the student will be placed on room restriction for the duration of the field trip or until alternate arrangements can be made, or the student will be sent home at the parent's expense;
- Student, upon return to SFHS, will face disciplinary action;
- The student will not be allowed to participate in any future school-sponsored events.
- If the student turns in a forged permission form, or if the student attends the trip without turning in a permission form, the student will be suspended.

I have read the Behavior Expectations and I agree to abide by them as written. I understand that failure to abide by these expectations will result in consequences as listed above.

Signature of Student

Date

Signature of Parent (acknowledging the commitment)

The signature below acknowledges that the student has informed the teacher of the planned absence. The teacher may offer commentary as to the effect, or lack thereof, on the student's progress in the course. The teacher does not give nor deny permission for the student to attend.

**DIOCESE OF SACRAMENTO
YOUTH ACTIVITY PERMISSION, MEDICAL RELEASE,
AND PARENTAL CONSENT FORM**

Name: _____ Date of Birth: _____ Grade: _____

Names of Parents / Guardians: _____

Street Address: _____

City / State / Zip Code: _____

Home phone number: (parent #1) _____ (parent #2) _____

Work phone number: (parent #1) _____ (parent #2) _____

Cell phone number: (parent #1) _____ (parent #2) _____

Parish / School: St. Francis High School

Event West Coast Walk for Life

Transportation will be provided by: Bus chartered by the Diocese of Sacramento

YOUTH CODE OF CONDUCT:

I agree to uphold and exemplify positive Catholic values, and I understand that my participation in this program requires compliance with rules and regulations regarding my conduct. Specifically, I agree that during my participation in the program:

- I will follow the directions of adult leaders;
- I will treat adult leaders and other participants with respect;
- I will stay with my assigned group, and participate in the approved activity;
- I will dress appropriately at all times;
- I will not use, bring, or be under the influence of illegal drugs or alcohol;
- I will not smoke or use tobacco products;
- I will not engage in inappropriate sexual behavior;
- I will not be in the possession of or use firearms, knives, or weapons of any kind;
- I will not engage in acts of violence, stealing, dishonesty, gambling, or profanity; and
- I will respect the physical property of the facility and of others, and will not engage in acts of vandalism.

I agree to abide by these rules and the supervision of adult leaders, and understand that violations will be dealt with in an immediate and appropriate manner. If I should be dismissed from participation in the program, I understand that my parents will be contacted to arrange for my immediate transportation home.

Signature of Youth Participant Date

Signature of Parent (acknowledging the commitment): _____

EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to the Diocese of Sacramento, parishes and schools within the Diocese, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Family Health Plan Carrier: _____

Policy Number: _____

I also agree to provide designated parish/school/diocesan representatives with current telephone numbers at which I can be reached, as well as the names and phone numbers of individuals who are likely to know where I am should an emergency arise. In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name: _____
Relationship: _____
Telephone: _____ Alternate Contact Number: _____

Signature of Parent/Guardian Date

MEDICATIONS AND NON-EMERGENCY HEALTH TREATMENT

[Please sign/authorize all of the following authorizations/directions that are applicable]

1. If my child becomes ill with symptoms that do not indicate emergency medical treatment (e.g., headache, vomiting, sore throat, fever, diarrhea), I wish to be called (collect / reversed phone charges if necessary) to be informed of my child's condition.

Signature of Parent/Guardian Date

2. My child is currently taking the following medication(s), which he/she will bring on this activity, in well-labeled, original containers that include clear directions for dosage and frequency of use. I hereby give permission for an adult leader to administer the following medication(s):

Signature of Parent/Guardian Date

3. No medication of any type (prescription or nonprescription) may be administered to my child unless his/her condition is life threatening and emergency treatment is required, as considered necessary by the attending physician.

Signature of Parent/Guardian Date

4. I hereby grant permission for nonprescription medication (e.g., non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the adult supervisor of the activity, subject to the following exceptions (write "none" if there are no specific exceptions):

Signature of Parent/Guardian Date

SPECIFIC MEDICAL INFORMATION/CONDITIONS

Allergic reactions (to medications, foods, plants, insects, etc.)?

Immunizations (date of last tetanus/diphtheria immunization):

Current medications being taken by child:

Medically-prescribed dietary restrictions?

Physical limitations?

Learning disabilities or related conditions (ADD, ADHD, reading or writing difficulties, etc.)?

History of severe homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting?

Any recent exposure (within the past two weeks) to contagious disease/condition, such as mumps, measles, chicken pox?
If so, specify the date and the condition exposed to:

Any dietary restrictions (other than allergies identified above)?

Any other special medical issues or other conditions to be aware of?

PARENT AGREEMENT / CONSENT

I/we, the undersigned parent or guardian of the child named on this form give permission for my/our child's participation in the activity referred to on this form, and in addition to the Health/Medical Information Consent provisions that we have agreed to above:

- Direct Child to Cooperate: I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from parish/school/diocesan staff or adult volunteer leaders.
- Consent for Transportation (if applicable): I/we give permission for my/our child to be transported to and/or from the specified programs, events, and activities in vehicles driven by adult leaders selected by the parish/school/diocesan coordinator, in accordance with diocesan guidelines.
- Responsibility for Medical Expenses: I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this activity, whether or not caused by the negligence of the parish, school, or diocesan employees, agents, volunteers or other participants.
- Acknowledgment of Risks: I/we understand that in the course of participating in this activity, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.

Accordingly, in consideration for being permitted to participate in the specified activities, to use the equipment provided, and to enter the premises and facilities of the Diocese of Sacramento, for any purpose including observation of and participation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

1. To release, waive, discharge, and promise not to sue the Roman Catholic Bishop of Sacramento, a corporation sole, and its affiliated entities, employees, agents, and volunteers (the "Diocese") from all liability for any loss or damage, and any claim or demands therefore on account of injury to the body, injury to psyche, or injury to property of the minor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by the Diocese while the minor child, parent, or guardian is participating in the specified activities or in, upon, or about the premises of the Diocese or any of its facilities or equipment. \
2. To indemnify and hold harmless the Diocese from any loss, liability, damage, or cost it may incur due to the acts of the minor child, parent, or guardian in, upon, or about the premises of the Diocese, its facilities or equipment, or while participating in any parish, school, or diocesan activities whether caused by negligence or otherwise.
3. That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

I/we have read this Agreement and understand and agree to everything set forth above.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date