

**October 26, 2017**

**March for Life Informational Letter**

**Dear CCH Parents,**

**Our school annually participates in the March for Life event in Washington D.C. I have witnessed our level of participation having grown from 84 students in 2008, to 213 students last year. Together with 11 parent chaperones and 8 faculty members, our five buses were part of a larger caravan totaling sixteen buses from the Covington diocesan high schools, parishes and youth groups to make this important journey. Our Colonels represented nearly one quarter of the Diocese of Covington supporters.**

**On a daily basis our students are given opportunities to live their faith. They include inserting the words “born and unborn” at the end of the Pledge of Allegiance; have the opportunity to join our Campus Minister, Mr. Bill Snyder, and faculty members who lead the rosary every Tuesday and Thursday morning (7:30) in the school chapel; attend Friday morning Mass (7:10) in the chapel with our Chaplain, Fr. Michael Hennigen; participate in the Sacrament of Reconciliation twice a week during lunch periods; and a monthly Mass (8:00) at Holy Name Church on Auburn Avenue in Cincinnati, followed by a rosary service in front of the Planned Parenthood center just down the street, organized by Mr. Rich Andolina.**

**Mr. Andolina also leads Life’s Fifth Quarter (fifth Saturday of the month/4 times a calendar year), inviting all Diocese of Covington and Archdiocese of Cincinnati schools to participate, as preparation or practice for the annual January march. The latest service, held on September 30th, was celebrated by our own Bishop Roger Foys. All are invited to the next service on December 30th.**

**Once again this year we offer our students the opportunity to participate in this most worthwhile event, the 45th anniversary of the March for Life, demonstrating our support for all Life, “born and unborn.” Upon our arrival in Washington D.C. we meet with Bishop Foys and other diocesan pilgrims to celebrate Mass before joining the hundreds of thousands of people from around the nation to march in support of all life, ending the march in front of the Supreme Court building as a means to express our opposition to the Roe vs. Wade decision.**

**As before, the spots on our buses will be reserved on a first come basis, but are restricted to academically eligible students only, and those who submit payment and necessary paperwork in advance. I will have the necessary forms (x2) in my office, and have attached them to this notice. The cost for each student to participate this year has increased**

to \$115.00 per person, as the cost for motor coach rentals for transportation has increased by 22% as compared to only two years ago. A limited number of partial scholarships are available through the end of November, and will be handled on a confidential, first come basis.

The newly implemented policy of last year continues in force: in the event of a last minute cancellation by the school or motor coach carrier, each student will have \$105.00 of his paid registration deposited into his lunch account with the remaining \$10.00 kept to be used to offset any expenses incurred (we do not carry trip cancellation insurance as the cost of this product is excessive).

If your son participates on a winter sport team, please have him discuss his interest with his coach so that scheduling conflicts can be avoided. Participating students are credited with school attendance for the Friday that will be missed, and each student earns service hours for going. Similarly, if your son travels to Washington D.C. for this event with his parish youth group, please contact me so that I can submit his name for attendance credit and service hour credit.

In years past, parental assistance with chaperoning was solicited, and wonderful folks gave tirelessly of themselves to help out. Several of you have already expressed your desire to participate this year. As our student participation has increased each of the last six years, it is likely we will have an increase in the number of boys interested in participating this year, so it is not yet known how many adult chaperones may be needed or can safely be seated on the buses. I will monitor these needs as we move forward, and share periodic updates.

I will once again conduct a parent meeting for first time attendees in early January. As always, additional questions and comments about this event can be directed to me.

Sincerely,

Rick Flesch

Personal Counselor

Faculty Moderator, March for Life

**MARCH FOR LIFE January 18 – 20, 2018**

**PARENTAL CONSENT AND WAIVER OF LIABILITY**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Home Address \_\_\_\_\_

Home / Cell telephone \_\_\_\_\_ Business telephone \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in the diocesan/parish/school event described below which requires transportation away from the parish/school. I understand that this activity will take place under the guidance and direction of diocesan/parish/school employees and/or volunteers (hereinafter "chaperones").

DATE AND TIME: January 18th (7:00 p.m.) – 20th (6:00 a.m.), 2018.

TYPE OF EVENT: Annual March for Life in Washington, D.C.

MODE OF TRANSPORTATION: Professionally Contracted Motor Coach.

In consideration of my child's participation in this event, on behalf of myself, my child, and our heirs, assigns, executors and personal representatives, I release, hold harmless and discharge forever Covington Catholic their respective officers, directors, employees, agents and chaperones from any and all liability, claims, losses, damages, costs or expenses and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any action, omission or any other act of any such person or organization in connection with my child's participation in this event.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child, and our heirs, assigns, executors and personal representatives, to hold harmless and defend Covington Catholic their respective officers, directors, employees, agents, and chaperones from any claim or damages to any person or property, arising from or on connection with my child's participation in this event or in connection with any illness or injury or the cost of medical treatment of my child, and I agree to compensate Covington Catholic their respective officers, directors, employees, agents and chaperones for reasonable attorney's fees and expenses arising in connection therewith.

I agree that my child will cooperate with the chaperones and that Covington Catholic will not be liable if my child fails to obey the chaperones and that infractions may result in termination of my child's participation. In such event, I further agree to be financially responsible for any costs and other required expenses necessary to transport my child home.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's cell phone number: \_\_\_\_\_

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MEDICAL EMERGENCY FORM

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS# \_\_\_\_\_ Address \_\_\_\_\_

IN CASE OF AN EMERGENCY, NOTIFY:

Name \_\_\_\_\_ Relationship: Parent \_\_\_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Home/Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

PLEASE CHECK APPROPRIATE RESPONSE:

YES \_\_\_\_\_ NO \_\_\_\_\_ My child has a medical condition. If Yes, please describe:

\_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_ My child is taking medication. If so, please list name, dosage and medical condition:

\_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_ My child has allergies to the following medications:

\_\_\_\_\_

In case of emergency, I understand that no effort may be made to contact parents or guardian prior to emergency treatment. I hereby give permission to any physician, hospital and/or health care personnel to secure proper treatment for, hospitalize, and to order injections, medication, anesthesia, surgery or other necessary treatment for my child named above. I also give permission to secure proper emergency medical transportation.

HEALTH INSURANCE CO.: \_\_\_\_\_ POLICY NO. \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ FAMILY PHYSICIAN TELEPHONE \_\_\_\_\_

(Signature of Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

NOTARY INFORMATION

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Notary Public Signature: \_\_\_\_\_