



ARCHDIOCESE OF
NEW ORLEANS

CYO/Youth &
Young Adult Ministry

November 13, 2019

Dear March for Life Adult Leaders,

We are excited for your upcoming pilgrimage to the March for Life in Washington, D.C. It is our hope that you are already preparing with prayer, asking the Holy Spirit to speak to the hearts of all participants as well as guide us in our journey together.

This packet contains all necessary information that you will need to prepare for a fun, meaningful, prayerful, and safe experience. *Please read through the material carefully.*

Enclosed you will find:

Information papers - KEEP THESE for future reference!

1. **Trip Itinerary** - subject to change
2. **Packing List** - this is a guideline so please think carefully about anything else you might need

**Forms – COMPLETE AND SUBMIT AT MANDATORY TRIP MEETING;
COMPLIMENTARY NOTARIZATION AVAILABLE AT MEETING.**

1. **Trip Information Form** – must be filled out accurately and completely
2. **Adult Consent Form/Liability Waiver** - must be filled out before meeting; signed and notarized at meeting
3. **Adult Medical Consent Form** - must be completed accurately and completely

Remaining Payments

The original deposit was \$195 per person. For those paying by check, a payment of \$200 is due on November 15, 2019, and the final payment of \$200 is due by January 6, 2020. For those paying by Visa or MasterCard, the entire balance will be charged on November 15, 2019. There are no refunds unless a replacement is available and coordinated through the CYO Office.

Failure to pay by a deadline or inform the CYO office of a payment issue by the same deadline will result in your being dropped from the trip with no refund.

OVER→

(504) 836-0551

Fax: (504) 836-0552

www.cyo-no.org

2241 Mendez St.

New Orleans, LA 70122



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Cancellation/Waiting List Information

The trip currently has no spots remaining. If you need to drop out of the trip, you may receive a refund as long as we have people on a waiting list to replace you. You must call us at 504-836-0551, ext. 3221 or e-mail cyo@arch-no.org immediately in this case. Do not assume that we will “figure it out” when you fail to attend a meeting or to make a payment. If there is no waiting list, then there will be no refunds for cancellations. Final decision rests with the CYO Office, not the trip participant. *Individuals and group leaders may not find their own replacement as long as we have a general waiting list, and should contact the CYO Office concerning this process.*

Trip Meetings

ALL TRIP PARTICIPANTS (youth with a parent and adult chaperones) must attend one of the following meetings. Completed forms should be submitted at this meeting.

Complimentary notarization will be available only at the meetings. **Please do NOT sign the forms in advance as notaries require the adult to sign in front of them in person.**

- **Northshore Meeting**—Monday, December 2, 2019, at 7:00 PM
St. Peter Catholic Church (in St. Mary’s Hall)
134 Temperance Street
Covington, LA 70433
- **Southshore Meeting**—Monday, December 9, 2019, at 7:00 PM
CYO Office Gymnasium (accessible from the Mendez & Prentiss Avenue sides of the campus)
2241 Mendez Street
New Orleans, LA 70122

Our office is looking forward to this wonderful pilgrimage opportunity in support of Life.

In Christ,

Timmy McCaffery, Jr.
Director
CYO/Youth & Young Adult Ministry Office
Archdiocese of New Orleans

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2020 March for Life in Washington, D.C. (Subject to Change)

Wednesday, January 22, 2020

5:45-6:15 PM Buses Arrive in Arlington, VA

Hotel Accommodations at: Doubletree by Hilton Crystal City
300 Army Navy Dr.
Arlington, VA
(703) 416-4100

8:00 PM Evening program to include Dinner, Ministry Night, and Confession
Special Guest: PJ Anderson

10:00 PM Curfew

Thursday, January 23, 2020

7:00 AM Mass in the Lincoln Room (Optional)

7:00 AM Breakfast at hotel in Crystal Ballroom

9:00 AM Geaux Forth 2020 Louisiana Right to Life Rally

Rally Host: Warner Theater
513 13th St. NW
Washington, DC 20004

11:30 AM Lunch at Geaux Forth

12:30 PM Travel to/tour National Museum of the Marine Corps, Quantico, Virginia

4:15 PM Depart for Dinner

5:00 PM Dinner at Potomac Mills Mall, Woodbridge, VA

7:30 PM Life is Very Good rally at the EagleBank Arena sponsored by the Catholic Diocese of Arlington

Address: 4500 Patriot Circle
Fairfax, VA 22030

Friday, January 24, 2020

- 8:00 AM Breakfast at hotel in Crystal Ballroom
- 10:00 AM Mass with Archbishop Aymond at: **Blessed Sacrament Church
1427 West Braddock Road
Alexandria, VA**
- 11:30 AM Lunch delivered—Depart for National Mall.
- 12:00 PM Annual Rally & March for Life from the National Mall to the U.S. Supreme Court
- 4:15 PM Dinner at Union Station
- 7:15 PM Ministry Night at hotel (includes Eucharistic Adoration, Confession, and Praise & Worship)
- 10:30 PM Curfew

Saturday, January 25, 2020

- 7:45 AM Breakfast in Hotel in Crystal Ballroom
- 9:00 AM Depart Hotel for National Mall
- 9:25 AM Tour Museums/Monuments
- Lunch on your own/with Parish or School Group
- 1:35 PM Depart for Basilica of the National Shrine of the Immaculate Conception
- 1:55 PM Tour Basilica
**Address: 400 Michigan Ave NE
Washington, DC 20017**
- 3:00 PM Depart for St. John Paul II Shrine and Museum
- 4:00 PM Vigil Mass at St. John Paul II Shrine and Museum
**Address: 3900 Harewood Rd NE
Washington, DC 20017**
- 5:30 PM Dinner at Union Station
- After Dinner – Depart for New Orleans

Packing List: What to Bring

- **Photo ID**
 - Necessary to enter some government buildings, determined by security
- **\$95 in spending money for the “independent” meals**
 - 3 lunches and 3 dinners (food courts) not included in the trip payments.
 - You may want to purchase travelers’ debit cards which work like cash, but require a PIN to use and can be replaced if lost or stolen.
 - Chaperones can hold money should a parent request it.
 - Additional spending money for souvenirs, etc. is at your discretion.
- **Clothing for six full days**
 - We strongly recommend layering your clothing. Please pack thermal underclothes, socks, gloves, hat, snow boots, winter jacket, jeans, etc. for the extensive outdoor walking for the march itself. Washington can be below freezing during the day in January.
 - Wear warm, comfortable shoes for extensive walking. In the event of snow, the ground can become slushy – choose your shoes accordingly. Uggs or other light weight shoes will get wet and put you at risk for frostbite.
 - Dress is “nice, casual” during the trip.
- **Personal Items**
 - Soap, shampoo, deodorant, toothpaste, toothbrush, razors, etc.
 - The hotel rooms have hair dryers.
- **Items to pass the time on the motor coach**
 - iPods/MP3 players/etc. with batteries, chargers, and headphones
 - Schoolwork/homework is welcome
- **Backpack or small duffle bag** to use or share as we walk around Washington, D.C.
 - Bags will be x-rayed and searched at many buildings in Washington.
- **Personal cell phone with charger** or long distance calling card/information
 - Calls may not be charged to the hotel rooms
- Please pack in **normal luggage/travel bags** so as to not lose anything or incur damage to your belongings. You are allowed one large suitcase to be placed in storage under the bus and a small carry-on (plus purses, etc.) for inside the bus. You will have to carry all luggage personally. *If you can’t carry it, don’t bring it.*

Do Not Bring

- Alcohol, tobacco products, vaping paraphernalia, drugs or any other illegal substance/material
- Anything of value such as expensive jewelry, laptop computers, or other expensive electronic devices (such as iPads, expensive cameras, etc.) are discouraged. The Archdiocese of New Orleans is not responsible for these items if you choose to bring them.
- Any item that could be dangerous, contribute to dangerous activities, cause unintended injury, or be used as a weapon such as knives, athletic equipment, etc.



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2020 MARCH FOR LIFE – ADULT CHAPERONES INFORMATION FORM

Legal Name (as on birth certificate/driver's license): _____

I am chaperoning _____ Parish/School group.

Birth date: _____ Age: _____

Address: _____ City/State: _____

ZIP: _____ Sex (circle one): Male Female

Phone #: _____ Cell Phone #: _____

E-mail: _____

Church Parish: _____

Roommate Request: _____

(No guarantees. We will try our best!)

Emergency contact (other than immediate family): _____

Phone number of emergency contact: _____

**ARCHDIOCESE OF NEW ORLEANS
ADULT LIABILITY WAIVER**

In addition to the Medical Information and Consent form, each adult participant, including group leaders and chaperons, must sign this form.

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to defend, hold harmless, and indemnify _____ Parish/School, and The Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, agents, employees, or representatives from any and all liability claims, loss, or damage arising from my negligent and/or intentional acts during my participation in the event described below.

Type of event: 2020 March for Life Trip to Washington, DC

Destination of event: Washington, DC—various locations

Sponsoring Agent: CYO/Youth & Young Adult Ministry Office

Estimated time of departure and return: January 21-26, 2020

Mode of transportation to and from event: Dixieland Tours Motorcoach

Signature

Date

Print Name

ADULT MEDICAL INFORMATION AND CONSENT FORM

GENERAL INSTRUCTIONS:

1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
2. Sections I, II and V are mandatory. Sections III and IV provide you with treatment options in non-emergency situations.

SECTION I. PERSONAL INFORMATION

Participant's name: _____

Birth date: _____ Gender: _____

Home address: _____
(Street) (City/State) (Zip)

Home phone: _____ Cellular phone: _____

Business phone: _____ Other: _____

SECTION II. MEDICAL MATTERS

I hereby authorize Timmy McCaffery, or his/her assistants to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from January 21, 2020 through January 26, 2020. I hereby warrant that, to the best of my knowledge, I am in good health, and I assume all responsibility for my health care.

Signature: _____ Date: _____

SECTION III. EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. In the event of an emergency contact:

Name and Relationship: _____

Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

(Over)

SECTION IV: MEDICATIONS

I understand that I am responsible for taking my own medications and that such medications will be kept in well-labeled containers. Names of medications and concise directions for such medications, including dosage and frequency of dosage, are as follows:

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Signature: _____ Date: _____

SECTION V: MEDICAL INFORMATION

The parish/group coordinator will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Date of last tetanus/diphtheria immunization: _____

Do you have a medically prescribed diet? _____

Do you have any physical limitations? _____

Are you subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? _____

Have you recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? If so, date and disease or condition: _____

I have the following special medical condition that you should be aware of: _____
