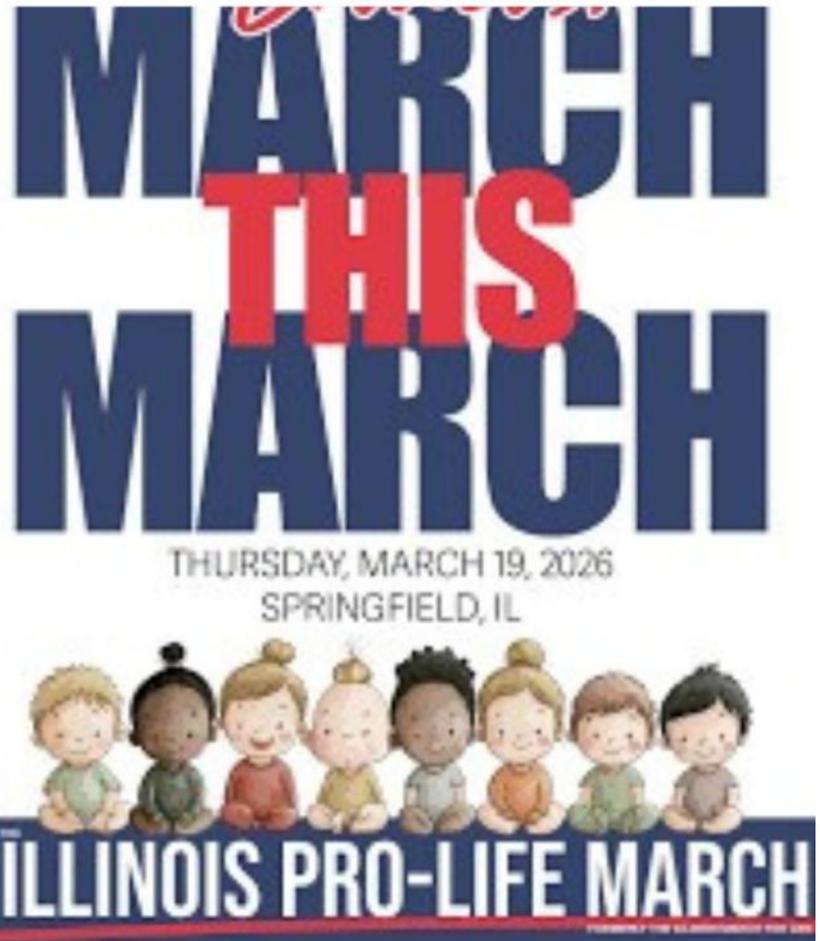


St. Scholastica STORM Youth Ministry Illinois Pro-Life March 2026

We will be attending the Illinois March for Life in Springfield, Illinois. Our day will begin with the Mass for life at Exposition Hall at the State Fairgrounds. Then we will eat lunch before attending the Rally and March for Life in Springfield, Illinois. After the March there will be Adoration at the Cathedral of the Immaculate Conception. Then we will drive back to St. Scholastica. Teens will need to take the day off school. Parents are welcome and encouraged to join us.



With the overturn of Roe v. Wade, the power to protect the unborn was given back to states through our elected representatives. The Illinois state capital is now critical territory for protecting Life. Join us to bring a voice for the voiceless. Together, we march to empower women to choose life, and to defend the dignity of the unborn.



**THURSDAY, MARCH 19
7AM-6PM
COST: \$10
MAKE CHECKS PAYABLE TO
ST. SCHOLASTICA AND RETURN
BY FEBRUARY 22**

**WE WILL HAVE YOU BRING A BAG
LUNCH, BUT WE MAY STOP FOR
LUNCH OR DINNER**

**7 AM DEPART ST. SCHOLASTICA
10 AM MASS FOR LIFE
11 AM LUNCH
12 PM ADORATION & CONFESSION
1 PM RALLY AT THE CAPITAL
2 PM ILLINOIS MARCH FOR LIFE
3 PM DEPART FOR HOME
6 PM RETURN ST. SCHOLASTICA**

PERMISSION FORM ON BACK

**Contact Jennifer Olson: youthministry@stsparish.org or 630-885-6439
Return Permission Form on back to St. Scholastica Parish by February 22**

ST. SCHOLASTICA S.T.O.R.M. YOUTH MINISTRY

March 19, 2026 ILLINOIS PRO-LIFE MARCH SPRINGFIELD TRIP PERMISSION FORM

Participant's Name: _____ Birth Date: _____ Age: _____ (Circle): M F

Address: _____ City, State, Zip: _____

Parent Name: _____ Cell #: _____

Parent Name 2: _____ Cell #: _____

Parent Email: _____ Teen Email: _____

Teen Cell #: _____ School: _____ Grade: _____

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in the March for Life in Springfield, Illinois on Thursday, March 19, 2026. I hereby release and indemnify my parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish: St. Scholastica and the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

Code of Behavior

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverages is prohibited.
6. The possession of any illegal substances is prohibited and subject to legal action.
7. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
8. Weapons and/or drug paraphernalia are prohibited.

Infraction of these rules can mean immediate dismissal with no refund.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities

Parent/Guardian Initial _____ **Participant Initials** _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the event and those transporting my child to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay of such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary for my child.

Allergic to medication? NO YES (circle one)

If **YES**, please describe: _____

Allergic to Other: _____

Other Conditions: _____

Food Requirements: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

VIDEOTAPING, PHOTOGRAPHS AND VIRTUAL PLATFORMS

Video, and photos may be taken during this event. This authorization form constitutes permission for my child's participation in the video and/or photos, which may be used for future promotional efforts, including the Parish or Diocese of Joliet website. Additionally, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw, Flocknote, etc. for the purpose of programmatic content.

Emergency Contact - In case of Emergency, contact:

Name & Relation: _____

Phone: _____

Participant Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____