



# ST. THOMAS AQUINAS PARISH

*Catholic Community of Palo Alto*

OFFICE of YOUTH & YOUNG ADULT MINISTRY

Pastoral Center—3290 Middlefield Road, Palo Alto, CA 94306—(650) 494-2496 Ext. 21—www.paloaltocatholic.org

January 2018

## Information & Itinerary

*Walk for Life Day Event—Saturday, Jan. 27<sup>th</sup>*

Dear Families:

In continuing with our annual tradition at St. Thomas Aquinas Youth ministry, we once again invite our youth to a faith-filled experience through the San Francisco Walk for Life 2018. This Day event provides an opportunity for our young people to understand and encounter the love of Christ through the Catholic lens of life.

Although we are offering to organize this event as a youth group, they entire family is more than welcome to take part in the day experience. If you will be arranging to travel separately, please be sure to let us know so that we can prepare accordingly.

- Chris and the Team

Please read through the following steps to confirm your attendance for our group. If you would like a special group t-shirt, please RSVP no later than Sunday, January 20<sup>th</sup>:

Step 1: Fill out online RSVP Form ASAP.

The online form can be found via link in our Youth Confirmation portion of our website, or directly by typing the following link into your web browser:

<https://goo.gl/forms/XdDg8mLoDG6J9c393>

This form will be used to collect important info, such as youth’s name, tshirt size, and CARPOOL information. Parents, you are encouraged to join with your youth in the walk. Please also consider driving as we are in need of more drivers.

Step 2: Final Itinerary and paperwork will be available for download in the youth

confirmation section of our website: <http://www.paloaltocatholic.net/confirmation>

You will be contacted via email or phone call with final itinerary and details of the trip.

## *Walk for Life* Itinerary

### **Saturday, January 27<sup>th</sup>, 2018**

**7:10AM—Arrive at Our Lady of the Rosary - Dermody Center Parking lot**

**7:15AM—Depart for Salesian Provincial Center**

**8:15AM—Arrive at Salesian Provincial Center Parking Lot**

**8:30AM—Walk over to Cathedral Church to Celebrate Mass**

**9:30AM—Morning Mass**

**10:45AM, approximately—Walk to Civic Center**

**11:00AM—*Walk for Life* Information Faire**

**12:30-1:30PM—*Walk for Life* Rally**

**1:30—3:30PM, approximately—Walk for Life**

**3:30-4:15PM—Food Break at the Ferry Building (Bring \$\$)**

**4:30, approximately—Depart from Embarcadero BART Station to Civic Center BART Station**

**4:45PM, approximately —Walk from Civic Center BART to Salesian Provincial Center**

**5:00PM, approximately —Arrive to the Salesian Provincial Center Parking Lot and for Dermody Center**

**6:00PM, approximately—Arrive at Dermody Center and Parents Pick Up**

# What to Bring...

- **Completed Forms**
- **\$20 CASH for public transportation and lunch.**
- **For Parish T-shirts: Additional Cash or Check, Payable to: St. Thomas Aquinas Parish; Amount: \$15.00**
- **Cell Phones to update parents on arrival times.**
- **Comfortable Walking Shoes or Boots**
- **Other Clothing, appropriate for the forecasted weather of Jan. 21<sup>st</sup>**
- **Water bottle**
- **Backpack**
- **Umbrella (pending rain)**
- **Snacks to share with the group of 16. Lunch will be very late, following the walk.**

# Locations

## **St. Mary of the Assumption Cathedral**

1111 Gough Street  
San Francisco, 94109



Cathedral of St. Mary

## **Salesian Provincial Center Parking Lot (Behind KRON 4 News Station)**

**Gated Parking Lot is on Myrtle Street Alley, off of Franklin Street**

1100 Franklin Street  
San Francisco, 94109

KRON 4 News



## DSJ-Student Activity Waiver Form

| <b>PARISH/SCHOOL INFORMATION</b>  |   |
|---|---|
| Location Name: <i>Walk for Life Day Event</i> , including: St. Mary's Cathedral; the <i>Walk for Life</i> throughout the City of San Francisco.   | <b>Location #:</b>  |
| Walk for Life West Coast, San Francisco, 94109  | <a href="http://www.walkforlifewc.com/">http://www.walkforlifewc.com/</a> |
| Contact Name: Chris Mardesich   |   |
| <small>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED AND COPY FILED WHEN A STUDENT PARTICIPATES IN AN ACTIVITY SPONSORED BY THE SCHOOL OR PARISH. REFER ANY QUESTIONS TO RISK &amp; INSURANCE MANAGEMENT TELEPHONE: 408-983-0250 / FACSIMILE: 408-983-0271.</small> |   |

| <b>STUDENT PERSONAL INFORMATION</b> |                |
|-------------------------------------|----------------|
| Student Name:                       | Telephone:     |
| Home Address:                       |                |
| Supervisor Name:                    | Telephone:     |
| Medical Plan Name:                  | Policy Number: |
| Medical Plan Address:               | Telephone:     |
| Emergency Contact Name:             | Telephone:     |

| <b>ACTIVITY INFORMATION</b>  |   |
|--|---|
| Date of Activity: <b>Saturday, Jan. 20<sup>th</sup></b>  | Name of Activity: <b><i>Walk for Life Day Event, 2018</i></b> |
| Description of Activity: The <i>Walk for Life Weekend Trip</i> is a day activity for Youth, grades 8 through 12, that is following the Diocesan cultivating an awareness of the dignity of all life, following Catholic Social Teaching, specifically Social Justice; and, providing an educational, empowering, and fun experience for our Youth. |   |

| <b>WAIVER AUTHORIZATION</b>  |              |
|--|--------------|
| <small>FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER.</small>   |              |
| <small>I HOLD THE PARISH AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH OR DIOCESE OF SAN JOSE. I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT.</small>  |              |
| <small>IN THE EVENT MY CHILD BECOMES ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER X-RAY, EXAMINATION, MEDICAL OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISION OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT. I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY.</small> |              |
| Parent Signature:  | Date Signed: |

| <b>PHOTO RELEASE CONSENT</b>  |                |
|---|----------------|
| <small>OCCASIONALLY PICTURES ARE TAKEN OF YOUTH MINISTRY EVENTS AND GATHERINGS. WE WOULD LIKE TO BE ABLE TO USE THESE PHOTOGRAPHS FOR NEWSLETTERS, FLYERS, AND THE PARISH SOCIAL MEDIA &amp; WEB SITE. WE <b>WILL NOT USE ANY LAST NAMES</b> IF POSTED. CONCERNS ABOUT PUBLISHED PICTURES SHOULD BE EXPRESSED TO WRITER/ WEBMASTER AND WILL BE PROMPTLY DEALT WITH. I/WE THE PARENT(S) OF THIS STUDENT, AUTHORIZE AND GIVE FULL CONSENT, WITHOUT LIMITATION OR RESERVATION, THE DIOCESE OF SAN JOSE/ ST. THOMAS AQUINAS PARISH-CATHOLIC COMMUNITY OF PALO ALTO TO PUBLISH ANY PHOTOGRAPHS IN WHICH THE ABOVE NAMED STUDENT APPEARS WHILE PARTICIPATING IN ANY PROGRAM WITH DIOCESE OF SAN JOSE./ ST. THOMAS AQUINAS PARISH-CATHOLIC COMMUNITY OF PALO ALTO. NO COMPENSATION IS TO BE GIVEN.</small> |                |
| Parent's Signature :  | Date Received: |