



# Cathedral Tour & Adoration Night

**March 18th 6:30-8:45 pm**

This event is for all youth in grade 6-12 and their families [in place of our originally scheduled Adoration Event of March 11th].

**We are excited to present this opportunity to see our Diocesan Cathedral of Saints Peter & Paul in Providence and then spend time in prayer in this magnificent edifice before Our Lord in the Blessed Sacrament.**

Dennis Sousa will give us a tour of the Cathedral and then Deacon Joseph Day will lead us in Adoration.

## **Transportation**

Youth & their families can either meet us at the Cathedral at 6:45 pm [1 Fenner St. Providence] or join us on the bus which will leave at 6:30 pm from St Philip [space is limited]. Bus will return to St Philip around 8:45 pm.

## **Cost**

We are asking each family to make a donation of \$10 to cover the Cathedral security detail and an additional \$5 for the bus. Cash or checks [payable to St. Philip Church].

## **Registration**

Please complete the form on the reverse and submit by March 11th to the Black Faith Formation Mailbox.



**St. Philip Parish  
Office of Faith Formation & Youth Ministry  
Veronica Plante  
reled@saintphilip.com or 401-949-0330**

# Cathedral Tour & Adoration Night for Youth & Families

## Cathedral of Sts. Peter & Paul      March 18, 2024

**Description:** Youth in Grades 6-12 and their families will get a tour of our beautiful Cathedral and have our Lenten Adoration Night there as well.

**Date & Time of Activity:** Monday, March 18, 2024 from 6:45 pm to 8:30 pm (at Cathedral)  
Bus leaves St. Philip at 6:30 pm and returns around 8:45 pm.

**Method of Transportation:** Meet at Cathedral or Come with us on the bus.

**Cost:** Asking donation of \$10 per family for event and \$5 per family for bus  
Covers the cost of Cathedral security detail and bus expense.  
(cash or checks payable to St. Philip Church)

**Registration Deadline:** March 11<sup>th</sup> (return forms and payment to Rel Ed Mailbox or Veronica)

### PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Your son/daughter is eligible to participate in a youth ministry sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence. The activity description is listed above.

I would like my child, \_\_\_\_\_, to participate in this youth ministry sponsored activity. As parent or legal guardian, I agree to defend and fully indemnify the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence against any claim which may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence which took place during the above-identified activity, which is related to that activity, if that claim or cause of action is brought by my child or their parent/legal guardian. I hereby consent to participation by my above-named child in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child will be participating in. I further understand that I had the opportunity to fully discuss the above-named activity and this agreement with a representative of this agency to clarify any concerns or questions about the activity or this agreement that I may have had.

\_\_\_\_\_  
Parent/Legal Guardian Signature (if youth attending on their own)

\_\_\_\_\_  
Date

\_\_\_ Youth attending with family \_\_\_ Youth attending on their own      Check one: \_\_\_ Driving \_\_\_ Bus (add \$5)

Family Last Name \_\_\_\_\_ Number of attendees \_\_\_\_\_

Family Contact # \_\_\_\_\_ Family Email \_\_\_\_\_

**If youth attending on their own, complete this section as well:**

Youth Last Name: \_\_\_\_\_ Youth First Name: \_\_\_\_\_

Youth Cell (if applicable): \_\_\_\_\_ Youth Email: \_\_\_\_\_

Youth's Allergies/Health Concerns: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of any emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers below, contact:

2nd Emergency Contact Person: \_\_\_\_\_ Emergency #: \_\_\_\_\_