ARCHDIOCESE OF CHICAGO

Office of Human Dignity and Solidarity
National March for Life Pilgrimage 2018

ADULT PARTICIPANT (ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING - 18 and over)
Please return with your Group Leader's registration packet no later than December 8, 2017, along with payment for the Trip
Early Bird Price: $300.00
After **October 27, 2017** Price: $325.00
(Please make check payable to: "Archdiocese of Chicago")

Check any of the following: **(ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING)**

- ☐ GROUP LEADER
- ☐ Chaperone (over 21 and in charge of teens + must be Virtus Trained)
- ☐ General Adult (all adults need to fill out the Safe Environment Acknowledgement Form)
- ☐ I have filled out the Safe Environment Form with necessary signature included.

ALL participants age 18 and over are required to complete the Safe Environment Form that is included with your Group's Packet. Please check in with your GROUP LEADER for further questions. All required forms need to be turned in no later than December 8, 2017.

Information

Group Name (Parish/School): _____ Group Leader: _____

Participant Information

Name: _____
first middle initial last

Male/Female: _____ Date of Birth: _____

Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

* *All participants with cell phones are strongly encouraged to bring them on the Pilgrimage.*

T-shirt Size: Small Medium Large XL XXL XXXL
(may be a scarf or a hat)

THIS FORM IS DOUBLE-SIDED. Please be sure to complete page 2 on the reverse side.

Archdiocese of Chicago - Office of Human Dignity and Solidarity - 3525 South Lake Park Avenue Chicago, IL 60653
Phone: 312.534.5355 - Fax: 312.534.1554

Medical History

***NOTE** PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES*

Physician's Name: _____ Phone #: _____

Allergies/Special Needs: _____

_____

In the event of an emergency, please contact the following:

Name: _____ Relation/Title: _____

Telephone: _____

Character References

Please provide two non-relative character references.

Name: _____ Title/Relationship: _____ Phone #: _____

Name: _____ Title/Relationship: _____ Phone #: _____

1. In signing this form, I hereby state that the information included in this form is correct.
2. In the event that I am not coherent or conscious, I hereby grant the staff, volunteers or agents of the Archdiocese of Chicago permission to act on my behalf in seeking emergency medical treatment for myself in the event that such medical treatment is deemed necessary.
3. I agree to accept any and all financial responsibility as a result of emergency medical treatment.
4. I recognize that there are risks inherent in participation in any activity and agree to hold the Archdiocese of Chicago, its affiliates and its and their employees, volunteers and agents, harm less from any injury to myself or damage to or loss of my personal property not caused by the negligence or misconduct of the Archdiocese of Chicago, its affiliates and its and their employees, volunteers and agents.
5. I understand that for all Archdiocese of Chicago activities there is a zero tolerance policy for the use of any mood altering chemicals (including alcohol and illegal drugs), foul language, threats or any type of abuse and inappropriate physical contact. I have read the Archdiocese of Chicago Code of Conduct and understand that I am part of an Archdiocesan Event and therefore will follow the official group schedule of events, rules and guidelines governing the event.

I, _____, agree to follow this policy.

(PRINT NAME)

Signature: _____

Date: _____