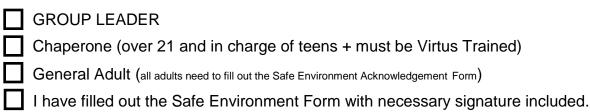
Office of Human Dignity and Solidarity National March for Life Pilgrimage 2018

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)



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 Infor	mation					
Name:						
	first		middle initial		last	
Male/Female:	Date of Birth:					
Email:						_
Address:						_
Home Phone:		Cell Phone:				
* All participants with	cell phones a	re strongly encou	raged to bring	them on the I	Pilgrimage.	
T-shirt Size: (may be a scarf or a hat)	Small	Medium	Large	XL	XXL	XXXL
THIS FORM IS DOUE Archdiocese of Chicago Phone: 312.534.5355 - F	- Office of Hun	nan Dignity and So				653

Medical History **NOTE** PLEASE HAVE YO	UR INSURANCE CARD WITH YOU AT AL	L TIMES		
Physician's Name:	Phone	Phone #:		
Allergies/Special Needs:				
In the event of an emerge	ency, please contact the following:			
Name:	Relation/Ti	Relation/Title:		
Telephone:				
Character References Please provide two non-relative c	haracter references.			
Name:	Title/Relationship:	Phone #:		
Name:	Title/Relationshin:	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.

l,	, agree to follow this policy.
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(PRINT NAME)

Signature: _____

Date: _____