



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

**Teen Participant (ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING)**

\*\*Please return with your Group Leader's registration packet by 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")

**Information**

Group Name (Parish/School): \_\_\_\_\_ Group Leader: \_\_\_\_\_

**Participant Information**

Name: \_\_\_\_\_  
first middle initial last

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

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

**Medical History**

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

Insurance policy in the name of: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID# / Social Security #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Will your child be taking prescription medication at the time of the event?  Yes  No

Can your child be responsible for taking his or her own medication?  Yes  No

If "No," Please contact: \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_  
city state zip

Special Needs: \_\_\_\_\_

