

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 pay	able to: "Arch	diocese of Chic	ago")					
<u>Information</u>								
Group Name (Parish/School):					Group Leader:			
Participant Inform	nation							
Name:								
	first		middle	e initial		last		
Male/Female:		Dat	Date of Birth:					
Email:								
Cell:								
T-shirt Size: (may be a scarf or a hat)	Small	Medium	Large	XL	XXL	XXXL		
Medical History **NOTE** PLEASE HA	NVE YOUR II	VSURANCE (CARD WITH	H YOU AT AL	L TIMES			
Insurance policy in the name of:					Policy #:			
Insurance Company: ID# / Soci						ty #:		
Allergies:								
Will your child be takin	g prescriptio	n medication a	at the time (of the event?		Yes	☐ No	
Can your child be resp	onsible for ta	aking his or he	er own med	ication?		Yes	☐ No	
"No," Please contact: Name of Medication:								
Physician's Name: Phone#:								
Address:								
		city		state		zip		
Special Needs:								

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

Parents/Guardian Information							
Name:	Ro	elation to child:	☐ Parent ☐ Guardian				
			Guardian				
/ tudi 000.	city sta	ite	zip				
Home Phone #:	Cel	l:					
In the event of an emerg	ency, if you are unable to reach	n Parents/Guardi	an at the above numbers,				
please contact the follow	ing:						
Name:	: Relation to child						
Telephone:							
Character References Please provide two non-relative of	character references.						
Name:	Title/Relationship:	F	_ Phone #:				
Name:	Title/Relationship:	F	Phone #:				
Pilgrimage to Washington, D.C. for Office of Human Dignity and Solid	outh (fill in youth's name) rom Wednesday, January 17, until Sunday darity of the Archdiocese of Chicago, a Co whatsoever from my teen's participation i	y, January 21, 2018. I orporation Sole, its sta					
(including alcohol and illegal drug this policy. I understand that if my	ese of Chicago events and activities there is), foul language, threats or any type of a reen violates any laws regarding possesserning the event, I will be called to make a	buse and inappropriat sion of alcohol or drug	e physical contact. I agree to follow s or disregards the set schedule of				
	cannot be reached and in the judgement all examination and/or treatment of my teer ecessary for my teen.						
grant permission for the adult ch	naperone for this event to administer non-	Yes					
prescription drugs as needed for	my teen (aspirin, ibuprofen, antacid, etc.)	☐ No					
grant permission and authorize my child for promotion, publication	the Archdiocese of Chicago and the Archons, etc.	diocese of Washingtor	D.C. to use photographs/videos of				
Parent/Guardian Signatu	re:	Date	:				
Participant's Signature:		Date	ı:				

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