ARCHDIOCESE OF CHICAGO

Office of Human Dignity and Solidarity
National March for Life Pilgrimage 2019

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 7, 2018, along with payment for the Trip
Early Bird Price: $325.00
After **October 26, 2018** Price: $350.00
(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 7, 2018.

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.

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: ______________________________