



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

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

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

**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#: \_\_\_\_\_

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

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

### Parents/Guardian Information

Name: \_\_\_\_\_ Relation to child:  Parent  
 Guardian

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

Home Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

In the event of an emergency, if you are unable to reach Parents/Guardian at the above numbers, please contact the following:

Name: \_\_\_\_\_ Relation to child \_\_\_\_\_

Telephone: \_\_\_\_\_

### Character References

*Please provide two non-relative character references.*

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Title/Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby give permission for my youth (fill in youth's name) \_\_\_\_\_ to participate in the 4-day March for Life Pilgrimage to Washington, D.C. from Wednesday, January 16, until Sunday, January 20, 2019. I hereby release and indemnify the Office of Human Dignity and Solidarity of the Archdiocese of Chicago, a Corporation Sole, its staff and volunteers from liability arising from claims of any kind or nature whatsoever from my teen's participation in this event.

I understand that for all Archdiocese of Chicago events and activities there is a zero tolerance policy for any mood altering chemicals (including alcohol and illegal drugs), foul language, threats or any type of abuse and inappropriate physical contact. I agree to follow this policy. I understand that if my teen violates any laws regarding possession of alcohol or drugs or disregards the set schedule of events, rules and guidelines governing the event, I will be called to make arrangements for my teen to leave the event, at my own expense.

In the event that the undersigned cannot be reached and in the judgement of the responsible adult/s accompanying the group, there is a necessity for immediate medical examination and/or treatment of my teen, I hereby authorize any of the aforesaid personnel to obtain medical service as are deemed necessary for my teen.

I grant permission for the adult chaperone for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacid, etc.)  Yes  
 No

I grant permission and authorize the Archdiocese of Chicago and the Archdiocese of Washington D.C. to use photographs/videos of my child for promotion, publications, etc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_