ARCHDIOCESE OF CHICAGO

Office of Human Dignity and Solidarity
National March for Life Pilgrimage 2017

Teen Participant (ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING)
Please return with your Group Leader's registration packet by December 9, 2016, along with payment for the Trip
Early Bird Price: $300.00
After **October 21, 2016** 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: _____

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 S. Lake Park Ave. Chicago, IL 60653
Phone: 312-534-5355 - Fax: 312-534-1554

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 25, until Sunday, January 29, 2017. 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. ☐ Yes

I grant permission for the adult chaperone for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacid, etc.) ☐ 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: _____