

# March for Life Pilgrimage Youth Participation Agreement

Diocese of Rockford

Respect Life Office

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

**\*\*Please return with your Group Leader's registration packet along with payment for the Pilgrimage. Please make checks payable to the *Respect Life Office*. If registering as part of a family rather than a youth group, please send in your form with your parents forms.**

## Information

Group Name: \_\_\_\_\_ Group Leader: \_\_\_\_\_

## Participant Information

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Name for Identification Badge: \_\_\_\_\_

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

Current Email: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Please send me periodic emails from the Respect Life Office regarding:

- Legislative Alerts    Prayer Requests    Info on Future Pilgrimages    All

## Medical History

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

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

Insurance Company: \_\_\_\_\_ ID#/Soc.Sec.#: \_\_\_\_\_

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: \_\_\_\_\_ Physician's Phone # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## Parent/Guardian Information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Telephone Numbers

Home: (\_\_\_\_) \_\_\_\_\_ Daytime: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**FORM IS DOUBLE-SIDED. Please Complete Other Side.**

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**TEEN PARTICIPATION AGREEMENT**

**Parent Address if different from Participant**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

(First) (M. I.) (Last)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

**Character reference**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Youth Permission Form**

**I hereby give permission for my child (fill in child's name) \_\_\_\_\_ to participate in the March for Life Bus Trip to Washington, D.C. from Friday, January 20, until Tuesday, January 24, 2012. I hereby release and indemnify the Respect Life Office of the Diocese of Rockford, the Diocese of Rockford, and its and their staff and volunteers from liability arising from claims of any kind or nature whatsoever from my child's participation in this event.**

**I understand that if my child violates any laws regarding possession of alcohol, tobacco or drugs or disregards the rules and guidelines governing the event, I will be called to make arrangements for my child to leave the event, at my own expense.**

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

**YES \_\_\_\_\_ NO \_\_\_\_\_ I grant permission for the adult chaperone for this event to administer non- prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.)**

**I understand that for all Respect Life Office 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 photography of the Pilgrimage, events, sites and participants may be used by the Diocese of Rockford without further permission.**

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

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