

# March for Life Bus Pilgrimage 2016 Participation Agreement

St. James at Sag Bridge

**ADULT PARTICIPANT** (ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING - 18 and over)\*\*Please return with your registration packet by January 8, 2016, along with payment for the Trip (Please have check payable to: "St. James at Sag Bridge")\*\*

Check any of the following: (**ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING**)

- GROUP LEADER
- General Adult
- Chaperone (over 21 and in charge of teens + must be Virtus Trained)
- I will be accompanying my child who is below 12 years of age.

**ALL participants age 18 and over are required to complete an online background check and DCFS background check with St. James by December 18, 2015. Please do not alter the DCFS/CANTS Form.**

## Participant Information

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

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.

**Hoodie Size:**      Small                  Medium                  Large                  XL                  XXL

**THIS FORM IS 2 PAGES.** Please be sure to complete page 2.

St. James at Sag Bridge – 10600 Archer Ave. Lemont, IL 60439 – 630-257-7000 fax 630-257-7912

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

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 St. James at Sag Bridge 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 St. James at Sag Bridge, its affiliates and its and their employees, volunteers and agents, harmless from any injury to myself or damage to or loss of my personal property not caused by the negligence or misconduct of St. James, its affiliates and its and their employees, volunteers and agents.
5. I understand that for all St. James 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 agree to follow this policy.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_