

March for Life Bus Pilgrimage 2016 Participation Agreement
St. James at Sag Bridge

Teen Participant (ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING)
Please return with your registration packet by January 8, 2016, along with balance of payment for the Trip
(Please make check payable to: "St. James")

Participant Information

Name: _____

Male/Female: _____ Date of Birth: _____

Email: _____

Cell: _____

Hoodie Size: YS YM YL YXL **Adult sizes:** Small Medium Large XL XXL

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 2 PAGES. Please be sure to complete page 2.

Parents/Guardian Information

Name: _____ Relation to child: _____

Address:

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: _____

I hereby give permission for my youth (fill in youth's name) _____ to participate in the 3-day March for Life Pilgrimage to Washington, D.C. from Thursday, January 21, until Saturday, January 23, 2016. I hereby release and indemnify St. James at Sag Bridge Church in Lemont, IL, 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 if my teen violates any laws regarding possession of alcohol or drugs or disregards the 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 understand that for all St. James 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 grant permission and authorize St. James, 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: _____