

**March for Life Bus Trip Participation Agreement**  
**Archdiocese of Chicago**  
**Respect Life Office & Office for Catechesis**

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

**\*\*Please Return with your Group Leader's registration packet  
by December 14, 2009, along with \$275 payment for the Trip\*\***

**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 Office for Catechesis \_\_\_\_\_ Respect Life Office \_\_\_\_\_

**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: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

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

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

**Parents/Guardian Information**

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

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

**Telephone Numbers**

Home: \_\_\_\_\_ Daytime: \_\_\_\_\_ Cell: \_\_\_\_\_

**FORM IS DOUBLE-SIDED. Please Complete page 2 on reverse side.**

**PARTICIPATION AGREEMENT**

**Parent Address if different from Participant**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
first 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**

Please provide two non-relative character references:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Number: \_\_\_\_\_

**Youth Permission Form**

**I hereby give permission for my youth (fill in youth's name) \_\_\_\_\_ to participate in the 4-day March for Life Trip to Washington, D.C. from Wednesday, January 20, until Sunday, January 24, 2010. I hereby release and indemnify the Office for Catechesis and Respect Life Office 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 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 judgment 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 services 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, antacids, etc.)**

YES \_\_\_\_\_ NO \_\_\_\_\_

I understand that for all Office for Catechesis and 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.

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

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