

March for Life Intercollegiate Pilgrimage
January 20--24, 2010 • Washington, D.C.

Registration/Agreement Form
PLEASE FILL OUT COMPLETELY AND NEATLY

Name: _____ University: _____

Age/Year/Major: _____

Local Address: _____

Home Address: _____

Local Phone Number: _____ Home Phone Number: _____

Cell Phone Number: _____ E-mail Address: _____

T-Shirt Size: _____

The cost for the pilgrimage is \$200. Please contact Alicia V. Torres about fund raising activities to help defray the expense. No one will be excluded from this pilgrimage because of financial limitations. Scholarships will be awarded on a case-by-case basis. Payment for the pilgrimage must be received prior to January 20, 2010.

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 you be taking prescription medication at the time of the event? Yes No

Name of Medication: _____

Physician's Name: _____ Physician's Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Special Needs: _____

Parents/Guardian Information

Name: _____ Relation: Parent Guardian first
last

Address: _____ City: _____ State: _____ Zip: _____

Telephone Numbers

Home: _____ Daytime: _____ Cell: _____

FORM IS DOUBLE-SIDED. Please Complete Other Side.

PARTICIPATION AGREEMENT

**In the event of an emergency, if we 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: _____

Agreement Form

**I, (name) _____, hereby agree to participate in the 4-day
March for Life Bus Trip to Washington, D.C. from Wednesday January
20, until Sunday January 24, 2010. I hereby release and indemnify the
Respect Life Office of the Archdiocese of Chicago, a Corporation Sole,
their staff and volunteers from liability arising from claims of any kind or
nature whatsoever from my participation in this event.**

**I understand that if I violate any laws regarding possession of alcohol or
drugs or disregard the rules and guidelines governing the event, I will be
asked to make arrangements to leave the event, at my own expense.**

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

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.

Participant's Signature: _____

Date: _____

Due No Later Than December 2, 2009

Return to: Archdiocese of Chicago Respect Life Office c/o Alicia V. Torres
3525 S. Lake Park Ave., Chicago, IL 60653

Questions atorres@archchicago.org, Phone: 312.534.5355, Fax: 312.534.1554

**Please note all participants must complete a background check prior to the trip.
Please visit www.RespectLifeChicago.com to access this and other forms online
under the "Events" page.**