



Youth Registration / Medical Release & Waivers

103 N. Ninth, Salina, Kansas 67401 • Phone: (785) 827-8746

Fax: (785) 827-6133 • Email: respectlife@salinadiocese.org

(Page 1 of 3: Please complete all pages)

Please print legibly

Participant Name _____ Circle One: Male Female Date of Birth _____

Group Attending With _____ Phone # to be used on trip (_____) _____

Address _____ City, State, Zip _____

Age _____ (at the time of the Pilgrimage) Current Grade Level (Circle One): Freshman Sophomore Junior Senior

Have you completed the Diocesan Safe Environment Curriculum? Yes _____ No _____ When _____

If you will be 18 or older by the date of the pilgrimage, you are **required by the Diocese to complete the full Safe Environment Curriculum.*

Parent Name _____ Phone # (_____) _____

Parent Email Address _____ Note: we will email you updates, check your spam folder

EMERGENCY CONTACT:

Name _____ Relationship _____

Main Phone (_____) _____ Alternate Phone (_____) _____

Emergency Contact Name/Phone if Above Unavailable _____ (_____) _____

MEDICAL INFORMATION: **A copy of your medical insurance card must be attached (Front AND Back)**

I Have Medical Health Insurance: Yes _____ No _____

Insurance Co. _____ Policy# _____ Group# _____

Name of Insured _____ Relationship to Participant _____

Family Doctor Name _____ Phone (_____) _____

Medication: Please list all medications (including over the counter) taken routinely. Keep all medications in original bottle that identifies the physician, name of drug, dosage and frequency of administration. Over the counter medications keep in original packaging. Make sure you bring a couple days extra, in case of inclement weather.

Medication #1 _____ Dosage _____ Reason _____

Medication #2 _____ Dosage _____ Reason _____

Medication #3 _____ Dosage _____ Reason _____

Medication #4 _____ Dosage _____ Reason _____

List any major medical conditions and food restrictions (of Participant) i.e. allergies, asthma, nervous disorder, heart condition, unusual blood type, etc. _____

WAIVERS:

Permission: I/We the parent(s)/guardian(s) of _____ (Participant's name), request that he/she be allowed to participate in the March for Life Pilgrimage from Wednesday, January 16 through Sunday, January 20, 2019. I/We understand the March for Life Pilgrimage will take place in Washington, D.C. The pilgrimage includes travel from the Salina Diocese to the Washington, D.C. area and back to the Salina Diocese by charter bus. The participant is in good health, and is of sufficient maturity to participate in this pilgrimage.

Photo Release: I hereby authorize the Catholic Diocese of Salina, the Archdiocese of Washington, D.C. and their agents to utilize photographic and/or video images of Participant and understand that I/Participant will receive no compensation, should any photograph and/or video of me/participant is published.

Medical Authorization: I/We understand that the Catholic Diocese of Salina and the Respect Life Office ("Diocese") assume no responsibility for accidents which may occur in association with the March for Life Pilgrimage. I/We agree to use my/our personal insurance **or funds** to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed on the previous page. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff person selected by the event leader to hospitalize, secure medical treatment, and/or order any injection, anesthesia, or surgery for Participant as deemed necessary. In the event that participant complains of illness, I/We grant permission for non- prescription medication (such as Tylenol, Ibuprofen, lozenges, etc.) to be given to participant. All medications must be kept in original packaging.

Waiver: I/We do hereby release, forever discharge and agree to hold harmless the Diocese from and against any and all kind of liability, claims, demands, lawsuits, and expense of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by Participant by virtue of Participant's participation in the March for Life Pilgrimage. I/We further agree to indemnify and hold harmless the Diocese and its respective members, officers, directors and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the March for Life Pilgrimage.

Code of Behavior: I/We agree to abide by and/or instruct Participant to abide by all rules and regulations as outlined by the chaperones/representatives of the March for Life Pilgrimage. I/We agree that if I/participant fail(s) to abide in any way by the rules, that I/Participant can be dismissed from the event and sent home immediately at my/participant's expense with no right of reimbursement or refund for any amount in connection therewith from the Diocese or its representatives.

Mail paperwork to
Respect Life Office, 103 N. Ninth Street, Salina, KS 67401

NOTE YOU WILL NOT BE ALLOWED TO LOAD THE BUS WITH OUT THIS FORM!!

Please Initial each statement

_____ I have attached a copy of my medical insurance card **or** _____ I do not have Insurance.

_____ By registering for this event, I agree to pay the full amount due.

_____ I must have this form signed and notarized

Signature of Participant _____ Date _____

THIS FORM MUST BE NOTARIZED

Print Name of Parent/Guardian _____ Date _____

*Signature of Parent/Guardian _____ Date _____

*Parent/Guardian signature is required for all participants under the age of 21.

The foregoing waiver was duly sworn and acknowledged before me this _____ day of _____, 20 _____

My Commission Expires: _____, 20 _____

Signature of Notary Public _____ Print Name _____

NOTARY COUNTY OF _____; STATE OF _____

SEAL:

Youth participants will: Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around them through language, dress, and behavior, refraining from inappropriate touching and verbal harassment.

Youth participants will:

- Respect other persons and/or property. This includes bus drivers, bus captains, pilgrim chaperones and leaders, and hotel personnel and other guests
- Refrain from actions that could result in injury and/or damage to property
- Adhere to stated curfew
- Be responsible for personal belongings, including all electronic devices, at all times
- Attend all scheduled activities, arriving promptly, and staying for the entire event
- Be respectful of other guests in hotel by keeping noise levels in lobbies, hallways, and sleeping areas, to a minimum
- Maintain the spirit of the pilgrimage by respecting yourself and all other pilgrims
- Report problems of any kind to a trusted adult
- Dress appropriately at all times including arrival and departure. Appropriate dress will be determined by the activity; however, modesty must always prevail. This is especially important for Mass or prayer services. (Example: T-shirts with foul language, suggestive saying or images, alcohol, tobacco or drug advertisements, dress or outfits that are very short, low-cut, midriff-showing, backless, etc. will not be tolerated.)
- **I understand that I am not allowed to enter the hotel room of a member of the opposite sex**

Youth participants will not:

- Possess weapons of any kind
- Purchase, possess, consume, or distribute tobacco products or tobacco less products
- Purchase, possess, consume, or distribute alcohol
- Purchase, possess, consume, or distribute illegal drugs
- Engage in any form of sexual activity or peer sexual harassment
- View, purchase, download, possess, or distribute pornography or inappropriate videos/movies on personal electronic devices
- Visit or gather in sleeping areas of the opposite gender
- Leave the hotel at any time without an adult leader
- Sit with anyone of opposite gender on the bus between the hours of sunset to sunrise

If a problem of any kind occurs during March for Life Pilgrimage, young people will immediately go to a trusted adult to discuss the matter.

If a young person violates the March for Life Parent/Youth agreement, any or all of the following may be implemented:

Reporting of misconduct to local authorities, if the violation in any way violates local ordinances or laws.

Dismissal of the youth from the March for Life pilgrimage by requesting that the group leader remove the youth from the pilgrimage (whereby it would become the responsibility of the group leader/chaperone/parent to ensure timely, accompanied, and safe transportation home) at the expense of the parent/guardian for both the youth and the adult chaperone.

I have read and agree to follow the Parent/Youth Agreement.

Youth Printed Name _____ Signature _____ Date _____

Parent/Guardian Printed Name _____ Signature _____ Date _____