



# 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 25 through Saturday, January 28, 2023. 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: THIS FORM REQUIRED FOR ALL PARTICIPANTS!!**

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 \_\_\_\_\_