

March for Life, 2020
Registration Form
***** One Form per Participant *****

SECTION A – Registration Information

Name: _____ Date of Birth: _____

Street Address: _____ Parish: _____

City/State/ZIP: _____

Phone number: _____ ☐ Student—Grade _____ ☐ Adult ☐ Chaperone

Cell Phone (**required if you are a chaperone**): _____

Parents' names (if student): _____

Name for name badge: _____ Who will pay? ☐ Parish ☐ School ☐ I will pay.

Email: _____

SECTION B – Medical Treatment Authorization

To Whom It May Concern:

I hereby authorize treatment for ☐ **my child** ☐ **myself** by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me/my family.

Reason for which release is intended: **March for Life, 2020**

Participant's Name: _____ Relationship to you (if minor): ☐ Son ☐ Daughter

Address: _____ City: _____

Emergency Phone(s): (____) _____ (____) _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contacts, or other pertinent comments (**Prescription medication must be provided in original containers**):

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____

(Adult or Parent/Guardian)

SECTION C – Adult Behavior Guidelines

I have read and understand the Behavior Guidelines and agree to follow them for the March for Life.

Adult Participant's Signature

SECTION D – Youth Behavior Guidelines

I have read and understand the Behavior Guidelines and agree to follow them for the March for Life. As parent or legal guardian, I remain fully responsible for the actions and conduct of my child. If it is necessary for my child to return home before the group returns, I understand it will be at my expense.

Youth Participant Signature

Parent's signature

SECTION E – Parental Statement of Consent (must be completed for those under the age of 18)

I hereby consent to participation by my child, _____ in the March for Life to be held January 23 – 26, 2020, in Washington, D.C. I understand that my child will be under the supervision of the designated Diocesan and parish employee/volunteer on the stated dates. I further consent to the conditions stated in the event description on page 1 of the General Information section regarding participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in the March for Life, I agree to indemnify and hold harmless and defend the Catholic Diocese of Saginaw and _____ Parish, any and all affiliated organizations, their employees, agents, and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this event. This indemnification and hold harmless and defense agreement does not apply to claims for intentional misconduct.

Print parent's name

Parent's Signature

Date

SECTION F – Media Release (must be completed for those under the age of 18)

I _____, hereby give permission for the personnel of the Catholic Diocese of Saginaw to photograph, videotape and/or voice-tape my child/children (or allow area news reporters to do the same for the purposes of (please check the items you will allow):

☐ In-School/Parish Purposes use only

☐ Public information for promotion of Diocesan, School, or Parish programs (brochures, newspapers, radio, or television)

☐ Catholic Diocese of Saginaw website

☐ _____ Parish website

Or

☐ I do not give permission for my student to be photographed, videotaped or voice-taped

Student Name (s): _____

Parent/Guardian Signature: _____ Date: _____