

**March for Life 2019      Registration Form**

**SECTION A – REGISTRATION INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name for name badge: \_\_\_\_\_  Male     Female  
Street Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone number: \_\_\_\_\_  Youth: Grade \_\_\_\_\_  Adult  
Cell Phone (required for chaperones): \_\_\_\_\_  
Parents' names (if youth): \_\_\_\_\_  
Parish: \_\_\_\_\_ Parish City: \_\_\_\_\_

**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.

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician Name \_\_\_\_\_ Phone: \_\_\_\_\_

List allergies, medication, contacts, or other pertinent comments: \_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_  
Group No.: \_\_\_\_\_ 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 Code of Conduct and agree to follow them for the March for Life.

\_\_\_\_\_  
Adult Participant Signature

**SECTION D – YOUTH BEHAVIOR GUIDELINES**

I have read and understand the Code of Conduct 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/Guardian 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 17-20, 2019. in Washington, D.C. I understand that my child will be under the supervision of the designated parish/school employee/volunteer on the stated dates. I further consent to the conditions stated in the event description 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 Grand Rapids and \_\_\_\_\_ (parish/school), 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/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**SECTION F – MEDIA RELEASE**

I \_\_\_\_\_, hereby give permission for the personnel of the Catholic Diocese of Grand Rapids and its affiliate parishes and schools to photograph, film, video record and/or audio record  me/ my child or allow area news reports 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 Grand Rapids website

\_\_\_\_\_ Parish website

Participant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature if participant is under 18

**To register: please return completed registration form to your parish/school group leader with payment.**

- Please make checks payable to “Diocese of Grand Rapids” - or -
- Pay online by credit card at [www.dioceseofgrandrapids.org](http://www.dioceseofgrandrapids.org). There is a processing fee of \$16.25