

MARCH FOR LIFE REGISTRATION FORM

I, request that my child _____ be allowed to participate in

March for Life in Washington DC on January, 17th thru January 20th of 2019

I hereby release and indemnify Our Lady of the Greenwood, its staff, volunteers and the Archdiocese of Indianapolis from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Code of Behavior

You are a representative of Christ, your parish family, and your own family. You will conduct yourself appropriately at all times, in the manner in which you speak and present yourself, your actions toward others, their person and/or property. You are expected to display mature and responsible behavior which has been the trademark of Catholic youth throughout the world.

General Expectations:

1. Participants are expected to arrive on time.
2. Participants are expected to demonstrate common courtesy, respect and dignity for all persons, places, and things at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing will be done in public areas.
4. Dress will reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession and/or consumption of any alcoholic beverage and /or the possession/use of any illegal drug are not permitted.
6. Smoking is not permitted
7. Weapons and/or drug paraphernalia are not permitted.
8. If under the age of 18, prescription drugs will be given to an adult for storage and distribution.
9. Infraction of these rules and other codes of inappropriate behavior can mean immediate dismissal without refund. Parents will assume all monetary responsibility for any damage that their son/daughter may incur against any person, and/or property. Parents will also assume monetary responsibility for any/all necessary transportation incurred through expulsion.
10. Participants will be responsible to local authorities.

Youth/Participant Signature

Date

Parent/Guardian Signature

Medical Permission

I grant permission for the administration of First Aid to _____ by the People in charge of the event, and those transporting my child to and from the program as their judgment deems advisable. I also grant permission that any/all necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent or guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery, if deemed necessary for my child.

Please Print:

Name of Child _____ Birth Date _____

Allergic to Medication? No _____ Yes _____ If Yes, what _____

Other Allergies (insect bites, food allergies, etc.) _____

Medications(s) presently taking _____

Insurance Information

Policy in the name of _____

Insurance Company _____

Identification Number and/or Social Security Number _____

Authorized Physician _____ Phone # _____

Signature of Parent/Guardian _____ Date _____

Address: _____

Day Phone # _____ Evening Phone # _____ Cell _____ Pager _____

Contact Person if unable to reach parent/guardian _____

Relationship _____ Phone #(s) Home: _____ Cell: _____