

# March for Life Bus Pilgrimage 2022 Participation Agreement

St. James at Sag Bridge

## Teen Participant (ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING)

**\*\*Please return this agreement by December 28, 2021, along with full payment (please make check payable to: St. James at Sag Bridge Church) \*\***

**PLEASE NOTE:** Participants who have not turned in the agreement and payment by Dec 28 will be moved to the waiting list, if applicable.

### Participant Information:

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

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_

### Medical History:

**\*\*NOTE\*\* PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES**

Insurance policy in the name of: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID# / Social Security #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Will your child be taking prescription medication at the time of the event? Yes No

Can your child be responsible for taking his or her own medication? Yes No

If "No," Please contact: \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_  
City state zip

Special Needs: \_\_\_\_\_

**THIS FORM IS 2 PAGES.** Please be sure to complete page 2.

St. James at Sag Bridge - 10600 S. Archer Ave., Lemont, IL 60439 - Phone: 630-257-7000 – Fax 630-257-7912

**Parents/Guardian Information:**

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

In the event of an emergency, if you are unable to reach Parents/Guardian at the above numbers, please contact the following:

Name: \_\_\_\_\_ Relation to child \_\_\_\_\_

Telephone: \_\_\_\_\_

I hereby give permission for my youth (fill in youth's name) \_\_\_\_\_ to participate in the 3-day March for Life Pilgrimage to Washington, D.C. from Thursday, January 20, until Saturday, January 22, 2022. I hereby release and indemnify St. James at Sag Bridge Church in Lemont, IL, a Corporation Sole, its staff and volunteers from liability arising from claims of any kind or nature whatsoever from my teen's participation in this event.

I understand that if my teen violates any laws regarding possession of alcohol or drugs or disregards the rules and guidelines governing the event, I will be called to make arrangements for my teen to leave the event, at my own expense.

In the event that the undersigned cannot be reached and in the judgement of the responsible adults accompanying the group, there is a necessity for immediate medical examination and/or treatment of my teen, I hereby authorize any of the aforesaid personnel to obtain medical service as are deemed necessary for my teen.

I grant permission for the adult chaperone for this event to administer non- prescription drugs as needed for my teen (aspirin, ibuprofen, antacid, etc.)      Yes      No

I understand that for all St. James activities there is a zero tolerance policy for any mood altering chemicals (including alcohol and illegal drugs), foul language, threats or any type of abuse and inappropriate physical contact. I agree to follow this policy.

I grant permission and authorize St. James, the Archdiocese of Chicago and the Archdiocese of Washington D.C. to use photographs/videos of my child for promotion, publications, etc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_