

March for Life Bus Pilgrimage 2022 Participation Agreement

St. James at Sag Bridge

ADULT PARTICIPANT (ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING -Age 19 and over)**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 AND who have not fulfilled all requirements (see below) for background checks, etc. by Dec 28 will be moved to the waiting list, if applicable.

ALL participants, age 19 and over, must provide the following (please refer to March for Life Sign-up Genius for Adult/Chaperone document with more detailed instructions, as well as forms needed):

- ☐ **Virtus (Protecting God's Children Class) Certificate of Completion** – this will not be needed if you have previously turned this in to St. James. If your class was more than 3 years ago, you may need to re-certify with a brief class called "Keeping the Promise Alive." If you never took a PGC class, register for a class at www.virtusonline.org.
- ☐ **Mandated Reporter Training** - Online
- ☐ **CANTS689 form (Illinois DCFS background check)** – annual requirement. Please turn in to St. James, as we will email all CANTS forms together to DCFS. DCFS no longer accepts paper copies.
- ☐ **CANTS22 form** - acknowledgment of mandated reporter status.
- ☐ **Online national background check (at www.virtusonline.org)** – this is required every 3 years. If yours is due, it will be indicated in your Virtus account. If you don't have a Virtus account, you will be prompted to do the background check during the process of setting up your account.
- ☐ **Code of Conduct Acknowledgment Form** – annual requirement.

Participant Information:

Name: _____

Male/Female: _____ Date of Birth: _____

Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

* All participants with cell phones are strongly encouraged to bring them on the pilgrimage.

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

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

Medical History

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

Physician's Name: _____ Phone #: _____

Allergies/Special Needs: _____

In the event of an emergency, please contact the following:

Name: _____ Relation/Title: _____

Telephone: _____

1. In signing this form, I hereby state that the information included in this form is correct.
2. In the event that I am not coherent or conscious, I hereby grant the staff, volunteers or agents of St. James at Sag Bridge permission to act on my behalf in seeking emergency medical treatment for myself in the event that such medical treatment is deemed necessary.
3. I agree to accept any and all financial responsibility as a result of emergency medical treatment.
4. I recognize that there are risks inherent in participation in any activity and agree to hold St. James at Sag Bridge, its affiliates and its and their employees, volunteers and agents, harmless from any injury to myself or damage to or loss of my personal property not caused by the negligence or misconduct of St. James, its affiliates and its and their employees, volunteers and agents.
5. I understand that for all St. James activities there is a zero tolerance policy for the use of 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.

Print Name: _____

Signature: _____