

YOUTH REGISTRATION FORM

Please print legibly. Use one form per person.

NAME: _____ AGE*: _____ Circle One Male Female

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

CELL PHONE # TO BE USED ON THIS TRIP: _____

YOUTH EMAIL ADDRESS: _____

PARENT NAME: _____ MAIN CONTACT PHONE: _____

PARISH: _____

CURRENT GRADE LEVEL: Freshman Sophomore Junior Senior

*If you will be 18 or older by the date of the pilgrimage, you are required by the Diocese to attend a Protecting God's Children awareness session. Have you attended a PGC session? YES NO (please circle)

If YES, Where: _____ When: _____

Please return completed forms and payment by January 14, 2020 to:

Gayla Kirmer, Catholic Diocese of Dodge City, PO Box 137, Dodge City, KS 67801

Make check payable to "CATHOLIC DIOCESE OF DODGE CITY"

(Payment of \$65 MUST accompany registration form):

In the event an extended stay is necessary, participant is responsible for additional expenses incurred.



Youth Participants will: Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around them through language, dress, and behavior, refraining from inappropriate touching and verbal harassment.

Youth participants will:

- Respect other persons and/or property. This includes bus drivers, bus captains, pilgrim chaperones and leaders
- Refrain from actions that could result in injury and/or damage to property
- Be responsible for personal belongings, including all electronic devices, at all times
- Attend all activities, arriving promptly, and staying for the entire event
- Maintain the spirit of the pilgrimage by respecting yourself and all other pilgrims
- Report problems of any kind to a trusted adult
- Appropriate dress; modesty must always prevail

Youth participants will not:

- Possess weapons of any kind
- Purchase, possess, consume, or distribute tobacco products or tobacco less products
- Purchase, possess, consume or distribute alcohol
- Purchase, possess, consume, or distribute illegal drugs
- Engage in any form of sexual activity or peer sexual harassment
- View, purchase, download, possess, or distribute pornography or inappropriate videos/movies on personal electronic devices

If a problem of any kind occurs during the March for Life Pilgrimage, young people will immediately go to a trusted adult to discuss the matter.

I have read and agree to follow the Parent/Youth Agreement.

Youth Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Medical Release & Waivers

Participant Name _____ Date of Birth: _____

Address _____ City, State, Zip _____

Home Phone _____ Participant Cell Phone _____

Parent/Guardian Name(s) _____

Address (if different from above) _____

City, State, Zip _____ Work Phone _____

Home Phone _____ Parent Guardian Cell Phone _____

EMERGENCY CONTACT:

Name(s) _____ Relationship _____

Main Phone _____ Work Phone _____

Emergency Contact Name/Phone if Above Unavailable _____

MEDICAL INFORMATION: A copy of your medical insurance card must be attached

I have Medical Health Insurance _____ YES _____ NO

Insurance Co. _____ Policy/Group # _____

Family Doctor Name _____ Phone # _____

Address, City, State Zip _____

Does Participant wear contact lens? _____ YES _____ NO

List any major medical conditions and food restrictions (of Participant) i.e. allergies, asthma, nervous disorder, heart condition, unusual blood type, etc. _____

A COPY OF YOUR MEDICAL INSURANCE CARD MUST BE ATTACHED

Permission: I/We the parent(s)/guardian(s) of _____ (Participants Name), request that he/she be allowed to participate in the March for Life Pilgrimage to Topeka. The pilgrimage includes travel from the Dodge City Diocese to the Topeka area and back to the Dodge City Diocese by charter bus. The participant is in good health, and is of sufficient maturity to participate in this pilgrimage.

Photo Release: I hereby authorize the Catholic Diocese of Dodge City to utilize photographic and/or video images of Participant and understand that I/Participant will receive no compensation, should any photograph and/or video of me/participant is published.

Medical Authorization: I/We understand that the Catholic Diocese of Dodge City assumes no responsibility for accidents which may occur in association with the March for Life Pilgrimage. I/We agree to

use my/our personal insurance or funds to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed on the previous page. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff person selected by the event leader to hospitalize, secure medical treatment, and/or order any injection, anesthesia, or surgery for Participant as deemed necessary. In the event that participant complains of illness, I/We grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to participant.

Waiver: I/We do hereby release, forever discharge and agree to hold harmless the Diocese from and against any and all kind of liability, claims, demands, lawsuit, and expense of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by Participant by virtue of Participant's participation in the March for Life Pilgrimage. I/We further agree to indemnify and hold harmless the Diocese and its respective members, officers, directors and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the March for Life Pilgrimage.

Code of Behavior: I/We agree to abide by and/or instruct Participant to abide by all rules and regulations as outlined by the chaperones/representatives of the March for Life Pilgrimage. I/We agree that if I/participant fail(s) to abide in any way by the rules, the I/Participant can be dismissed from the event and sent home immediately at my/participant's expense with no right of reimbursement or refund for any amount in connection therewith from the Diocese or its representatives.

_____(initial) I have attached a copy of my medical insurance card.

SIGNATURE OF PARENT/GUARDIAN* _____ DATE _____

PRINT NAME OF PARENT/GUARDIAN _____ DATE _____

SIGNATURE OF PARTICIPANT _____ DATE _____

Parent/Guardian signature is required for all participants under the age of 21.
