

Youth Registration Form

424 N. Broadway, Wichita, Kansas 67202 • Phone: (316) 269-3935
Fax: (316) 269-3902 • Email: toombsb@CatholicDioceseOfWichita.org

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 E-MAIL ADDRESS: _____

PARENT NAME: _____ MAIN CONTACT PHONE: _____

PARENT E-MAIL ADDRESS: _____

(NOTE: We will email you updates on a regular basis. Please check your email, including your spam folder, daily.)

PARISH: _____ Number of Pilgrimages Attended: _____

CURRENT GRADE LEVEL: Freshman Sophomore Junior Senior

I would be interested in joining the March for Life choir*: Y _____ N _____ *Two practices will be during December. You will be contacted by Michelle Nichols, St. Mark Parish, St. Mark, for practice times.

**If you will be 18 or older by the date of the pilgrimage, you are required by the Diocese to attend a VIRTUS awareness session.*

Have you attended a VIRTUS session? YES _____ NO _____

If yes, check with your local parish VIRTUS coordinator for the date and location of the session you attended.

WHERE: _____ WHEN: _____

Have you read and signed the *Policy on Suspected Abuse of Children*? YES _____ NO _____

If yes, at which parish is your signed form on file? _____

Please return completed forms and payment by November 15, 2016

No full or partial refund will be provided after November 15, 2016. In the event an extended stay is necessary, participant is responsible for additional expenses incurred. We regret any inconvenience this might cause.

Please make check payable to "CATHOLIC DIOCESE OF WICHITA" and mail to address below.

Please indicate your payment preference (Payment MUST accompany registration form):

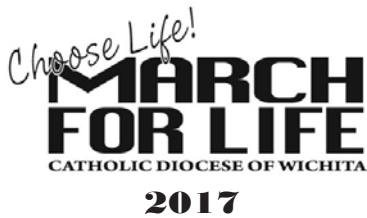
_____ \$375 Full Payment Plan _____ \$405 Optional Payment Plan (\$202.50 due Nov. 15, 2016 and \$202.50 due Dec. 9, 2016)

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

**Return all completed forms and payment by November 15, 2016 to:
Respect Life & Social Justice Office, 424 N. Broadway St., Wichita, KS 67202
*By registering for this event, I agree to pay the full amount due.***

PILGRIM (STUDENT) SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____



Parent / Youth Agreement

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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, and hotel personnel and other guests
- Refrain from actions that could result in injury and/or damage to property
- Adhere to stated curfew
- Be responsible for personal belongings, including all electronic devices, at all times
- Attend all scheduled activities, arriving promptly, and staying for the entire event
- Be respectful of other guests in hotel by keeping noise levels in lobbies, hallways, and sleeping areas, to a minimum
- Maintain the spirit of the pilgrimage by respecting yourself and all other pilgrims
- Report problems of any kind to a trusted adult
- Dress appropriately at all times including arrival and departure. Appropriate dress will be determined by the activity; however, modesty must always prevail. This is especially important for Mass or prayer services. (Example: T-shirts with foul language, suggestive saying or images, alcohol, tobacco or drug advertisements, dress or outfits that are very short, low-cut, midriff-showing, backless, etc. will not be tolerated.)
- **I understand that I am not allowed to enter the hotel room of a member of the opposite sex**

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
- Visit or gather in sleeping areas of the opposite gender
- Leave the hotel at any time without an adult leader
- Sit with anyone of opposite gender on the bus between the hours of sunset to sunrise

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

If a young person violates the March for Life Parent/Youth agreement, any or all of the following may be implemented:

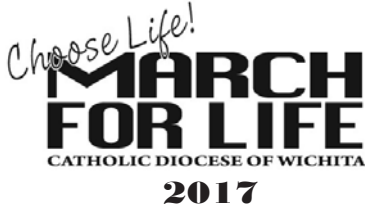
- Reporting of misconduct to local authorities, if the violation in any way violates local ordinances or laws.
- Dismissal of the youth from the March For Life pilgrimage by requesting that the group leader remove the youth from the pilgrimage (whereby it would become the responsibility of the group leader/chaperone/parent to ensure timely, accompanied, and safe transportation home) at the expense of the parent/guardian for both the youth and the adult chaperone.

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

Youth Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

All forms with payment must be returned no later than November 15, 2016



MEDICAL RELEASE & WAIVERS

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(Page 1 of 2: Please complete both pages)

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 _____ (Participant's name), request that he/she be allowed to participate in the March for Life Pilgrimage from Tuesday, January 24 through Sunday, January 29, 2017. I/We understand the March for Life Pilgrimage will take place in Washington, D.C. The pilgrimage includes travel from the Wichita Diocese to the Washington, D.C. area and back to the Wichita 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 Wichita and the Archdiocese of Washington, D.C. and their agents 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 Wichita and the Respect Life Social Justice Office ("Diocese") assume 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, lawsuits, 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, that 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.
This form must be notarized.**

NOTARY CITY/COUNTY OF _____; STATE OF _____

The foregoing waiver was duly sworn and acknowledged before me this _____ day of _____, 20____
by the Parent/Guardian named above.

Signature of Notary Public: _____ My Commission Expires: _____ (SEAL)

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