

Chaperone 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: _____ Circle One: Male Female

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

HOME PHONE: _____ Number of Pilgrimages Attended: _____

CELL PHONE # TO BE USED ON THE TRIP: _____ Current Parish: _____

E-MAIL ADDRESS: _____

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

Have you attended a VIRTUS awareness session? YES _____ NO _____ (Required if 18 years or older)

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.**

SIGNATURE: _____ DATE: _____

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



Chaperone Responsibilities

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Adult participants will: promise to strictly follow these policies and the following standards as a condition of my providing services as an adult chaperone. I will conduct myself in a manner that exhibits the highest Christian ethical standards and avoid even the appearance of impropriety.

Adult participants will:

- **Attend a mandatory Chaperone meeting in preparation for this pilgrimage**
- Report suspected abuse of any minor to the appropriate authorities
- Complete VIRTUS training in youth protection (applies to anyone 18 years or older)
- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration
- Honor the equality of all people, avoiding all forms of discrimination and respecting the dignity of each person without regard to economic status, age, gender, race, ethnicity, religion, sexual orientation, or physical or mental abilities
- Use positive reinforcement and communication rather than criticism, unhealthy competition, or comparison
- Become thoroughly familiar with the objectives and guidelines of the program in which I am participating and strive to achieve these objectives and communicate them appropriately
- Be aware of and adhere to emergency plans and evacuation routes
- Be responsible and/or accountable for stewardship of all resources entrusted to my care
- Uphold the authority of those responsible for the March 4 Life by participating and assisting them in every way to encourage learning and to provide a safe pilgrimage
- Avoid any form of excessive familiarity, inappropriate language, or any situation and conduct that exploits or could give the appearance of exploiting another
- Follow practices that consistently exhibit no tolerance for any form of abusive behavior
- Respect bus captain and bus driver and be a support to them

Adult participant will not:

- Allow youth male/female seat partners on the bus between the hours of sunset to sunrise
- Use physical affection to initiate inappropriate contact with minors
- Use, purchase, possess, distribute, or be under the influence of tobacco or tobacco less products, alcohol, illegal drugs, or pornography while supervising minors or while participating in the March for Life pilgrimage
- Humiliate, ridicule, threaten, demean, nor degrade minors or others nor tolerate such behavior in the environment for which I am responsible
- Use physical discipline in any way for behavior management of minors. No form of physical discipline is acceptable. This includes but is not limited to spanking, slapping, pinching, shaking, hitting or any other physical force as retaliation or correction for inappropriate behavior of a minor
- Use vulgar language or profanity in any form in the presence of minors

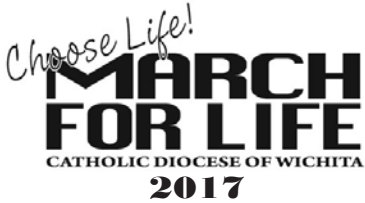
I hereby represent that I am not currently being investigated for, nor have I ever been convicted of any criminal acts; I have never been terminated from employment or a volunteer position for reasons related to allegations of physical or sexual abuse by me; nor have I sought or received any medical, physical, or psychological treatment for reasons involving physical or sexual abuse by me.

I understand that my failure to agree to and abide by the Adult Chaperone Responsibilities will bar me from participation in the March for Life Pilgrimage event.

Signature _____ Date _____

Print Name _____ Date _____

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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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