

**March for Life, 2024**  
**Registration Form**  
\*\*\* One Form per Participant \*\*\*

**SECTION A – Registration Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Parish: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone number: \_\_\_\_\_  Student—Grade \_\_\_\_\_  Adult  Chaperone  
Cell Phone (required if you are a chaperone): \_\_\_\_\_  
Parents' names (if student): \_\_\_\_\_  
Name for name badge: \_\_\_\_\_ Who will pay?  Parish  School  I will pay  
Email: \_\_\_\_\_

**SECTION B – Medical Treatment Authorization**

To Whom It May Concern:

I hereby authorize treatment for  my child  myself by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me/my family.

Reason for which release is intended: **March for Life, 2024**

Participant's Name: \_\_\_\_\_ Relationship to you (if minor):  Son  Daughter  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Emergency Phone(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies (including food allergies), medication, contacts, or other pertinent comments (**Prescription medication must be provided in original containers and placed in a resealable bag with youth's name clearly printed**):

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_  
Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Adult or Parent/Guardian)

**SECTION C – Adult Code of Conduct and Safe Environment Policy**

I have read and understand the Code of Conduct and Safe Environment Policy and agree to follow them for the March for Life.

\_\_\_\_\_  
Adult Participant's Signature

**SECTION D – Youth Behavior Guidelines**

I have read and understand the Behavior Guidelines (page 5, General Information Packet) and agree to follow them for the March for Life. As parent or legal guardian, I remain fully responsible for the actions and conduct of my child. If it is necessary for my child to return home before the group returns, I understand it will be at my expense.

\_\_\_\_\_  
Youth Participant Signature

\_\_\_\_\_  
Parent's signature

**SECTION E – Parental Statement of Consent (must be completed for those under the age of 18)**

I hereby consent to participation by my child, \_\_\_\_\_ in the March for Life to be held January 18 – 20, 2024, in Washington, D.C. I understand that my child will be under the supervision of the designated Diocesan and parish employee/volunteer on the stated dates. I further consent to the conditions stated in the event description on page 1 of the General Information section regarding participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in the March for Life, I agree to indemnify and hold harmless and defend the Catholic Diocese of Saginaw and \_\_\_\_\_ Parish, any and all affiliated organizations, their employees, agents, and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this event. This indemnification and hold harmless and defense agreement does not apply to claims for intentional misconduct.

\_\_\_\_\_  
Print parent's name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**SECTION F – Media Release (must be completed for those under the age of 18)**

I \_\_\_\_\_, hereby give permission for the personnel of the Catholic Diocese of Saginaw to photograph, videotape and/or voice-tape my child/children (or allow area news reporters to do the same for the purposes of (please check the items you will allow):

In-School/Parish Purposes use only

Public information for promotion of Diocesan, School, or Parish programs (brochures, newspapers, radio, or television)

Catholic Diocese of Saginaw website

\_\_\_\_\_ Parish website

**Or**

I do not give permission for my student to be photographed, videotaped or voice-taped

Student Name (s): \_\_\_\_\_

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