

ADULT CHAPERONE REGISTRATION FORM

March for Life 2019

(Must be completed by all adult participants)

Please check all that apply: _____ Group Leader _____ Chaperone

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: Home _____ Cell _____

E-mail: _____

Parish: _____ Gender: _____ DOB: _____

To register for this pilgrimage, all adult participants must complete the Archdiocesan Field Trip Adult Liability Waiver.

Contact your group leader for cost and expectations of chaperones on the March for Life.

By registering for this pilgrimage, I agree to follow the rules and code of conduct established by the Archdiocese of Mobile, Office of Youth & Young Adult Ministry, and my parish. I recognize that I could be removed from the pilgrimage for not complying with the rules, and that my removal would be reported to proper parish and/or school administration. I will not bring illegal drugs, alcohol, or weapons to the March for Life.

Signature: _____

Date: _____

FIELD TRIP ADULT LIABILITY WAIVER

(Adult leaders and chaperones)
MARCH FOR LIFE PILGRIMAGE 2019

I, _____ agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend _____ School/Parish/Institution, and the Archdiocese of Mobile, its officers, directors, employees, or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

Signature: _____ **Date:** _____

Medical Matters: I hereby warrant that to the best of my knowledge, I am in good health.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment.

Specific Medical Information that may impact medical treatment: _____

In the case of an emergency contact:

Emergency contact person: _____

Emergency Contact's Cell Phone: _____ Other Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Date of Birth: _____

Signature: _____ Date: _____

Printed Name: _____