



Pinckney Pro-Life™



**March for Life
Registration Form
One Form per Participant**

SECTION A – Registration Information

Name: _____ Date of Birth: _____
Street Address: _____ Parish: _____
City/State/ZIP: _____ Year of Graduation: _____
Participant’s (Student or Chaperone) Cell Phone: _____ Gender: _____
Home Phone: _____ Parent/Guardian Cell Phone: _____
Parent/Guardian’s Name(s): _____

SECTION B –Medical Treatment Authorization

In case of Emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

Name: _____ Signature: _____ Date: _____
Relationship to Participant: _____ Insurance Provider: _____
Policy: _____ Group: _____ Contract: _____
Family Physician: _____ Phone: _____
Physician Address: _____ City: _____

Emergency Contacts if unable to reach Parent/Guardian:

- 1). Contacts Name: _____ Phone: _____ Relationship: _____
- 2). Contacts Name: _____ Phone: _____ Relationship: _____

In the space provided below please list allergies, medication, physical/health limitations, or information which would be beneficial for the chaperone to know.

SECTION C – Chaperone Guidelines

I have read and understand the Chaperone Guidelines and agree to follow them for the March for Life.

Adult Participant’s Signature

Date

SECTION D – Youth Behavior Contract/Agreement

I have read and understand the Behavior Contract/Agreement 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

Date

Parent Signature

Date

SECTION E – Permission Form for March for Life Field Trip

I hereby consent to participation by my son/daughter, _____ in the *March for Life January 21st – 23rd, 2010 in Washington D.C.* I understand that this event will take place away from the Pinckney Pro-Life grounds and that my son/daughter will be under the supervision of Pinckney Pro-Life and authorized chaperones on the stated dates. I consent to the stated conditions for participation in this event, including the method of transportation. I further understand that if my child chooses behavior that is inappropriate, I may be requested to remove them from the event.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Address

City

State

Zip

Phone

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

I _____, hereby give permission for the personnel of Pinckney Pro-Life to photograph, videotape and /or voice-tape my child/children (or allow area news reports to do the same for the purpose of public information for promotion of the pro-life movement through brochures, newspapers, radio, or television, or Pinckney Pro-Life’s website.

Parent/Guardian Signature

Date

SECTION G – Student or Chaperone Acknowledgement, Waiver and Release from Liability

I have **signed** the Acknowledgement, Waiver and Release from Liability and have included this signed waiver with my registration forms.

SECTION H – Virtus Training requirement for all Chaperones or students over 18 years of age.

All adults must satisfy the Virtus requirements set forth by the Diocese of Lansing. **VIRTUS: Protecting God’s Children for Adults, is for all adults over 18.** Upcoming VIRTUS sessions are posted on the website: <http://virtus.org/virtus>, click on ‘Registration’ (left side of page), click on ‘list of sessions’, select the diocese that you are closer to, select the session (3 hour) which you would like to attend then begin the registration process. Once you’ve attended this 3 hour session you will be given a certificate verifying your attendance.

_____ Adult Name _____ Date _____ Signature _____ Date

Training completed **Scheduled to attend training before January 21, 2010**

SECTION I – Payment

_____ Number of student registrants X \$125 = _____

_____ Number of Adult (Chaperone) Registrants X \$140 = _____

_____ I earned a Free Trip! **TOTAL =** _____

Amount Enclosed = _____

Balance Due by December 15, 2009 = _____

***Make Checks Payable to....

***Mail Payment and Registrations Forms to....

**Pinckney Pro-Life
8031 Main St.
Suite 302
Dexter, MI 48130**