

West Deanery Pilgrimage for Life January 26-29, 2017

Youth Registration Form

Total cost of the trip is \$200, return this form with a \$25 deposit to guarantee your spot. There is a \$25 last fee if you register after Dec 23rd.

Make checks payable to **St. Christopher**.

We will leave from St. Monica the evening of the 26th and returning around 6am on the 29th.

Call/e-mail Tom @ 317-340-4579 or tsteiner@stchrisindy.org

Name (Printed): _____	Home Phone: _____
Youth Email: _____	Youth Cell Phone: _____
Parish: _____	Do you have a text messaging plan to communicate with leaders? Yes ___ No ___
Parent Email: _____	Parent Cell Phone: _____
Sex (<i>Circle One</i>) Male Female	Age: _____ Grade: _____ School: _____
Allergies, medical condition or dietary needs: _____	
Shirt Size (In the event we order shirts - Circle One)	S M L XL XXL

MEDICATION: If medications (prescription and non-prescription) are needed, please send them with your child. List these medications in the following section and include product name and physician's instructions on dosage and frequency.

Any medications brought on the trip should be clearly labeled in their original container and checked-in at registration.

1. _____
2. _____
3. _____

CODE of CONDUCT:

Student: As a member of the West Deanery, I understand and agree to the Youth Ministry Policies and Procedures. I understand that I must have a signed copy of the Policies and Procedures (attached) on file in my Parish Youth Ministry office to go on this trip. I understand that my parent/guardian will be notified immediately of any infractions.

Youth Signature: _____ Date: _____

Parent: I grant permission for my child to participate in the Pilgrimage for Life. I agree that my child will abide by all the rules outlined in the Policies and Procedures. I understand that if my child breaks the rules, he/she will be under strict supervision and may not be allowed to attend future pilgrimages.

Parent/Guardian Signature: _____

Name: (Printed) _____ Date: _____

Pilgrimage for Life
January 21-24, 2016
Parent/Guardian Consent Form PART II

Parent/Guardian First Name _____ Last Name _____
Home Address _____
City _____ Zip _____
Telephone (____) _____ Cell (____) _____

LIABILITY WAIVER

I, _____ (parent/guardian name), grant permission for my child,
_____ (child name), to participate in the Pilgrimage for Life to be held in
Washington, D.C. on January 26 – 29, 2017

In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental in such participation and do hereby release, absolve, indemnify, and agree to hold harmless **St. Christopher Parish**, the West Deanery, the Archdiocese of Indianapolis, its agents, employees and offices and the chaperones, leaders, organizers and sponsors, and persons transporting our child to and from these activities. Neither the Archdiocese of Indianapolis /West Deanery/**St. Christopher Parish** nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of the activity.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment to be administered. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me, please use this alternate contact person:

Name _____ Relation _____

Home Phone: _____ Cell Phone: _____

Family Doctor _____ Phone Number (____) _____

Health Plan Carrier _____ Policy Number _____

Please list any special needs of your child _____

I understand that my child may be photographed, unidentified in group situations; and I hereby grant permission for my child to be photographed & identified for releases to The Criterion and/or Archdiocesan website, Parish bulletin boards, and/or other Parish promotions.

Cancellation Policy: I understand that if my child must cancel his/her attendance on this trip for any purpose less than 2 weeks from the date of departure, I will be responsible paying for his/her spot and or finding a replacement as arrangements have been made based on the number of registrations received.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of the significance.

Parent/Guardian Signature: _____

Name: (Printed) _____ Date: _____