

March for Life 2012

Permission and Medical Release Form

Includes: Round-trip Transportation on Lake Front Charters, 2 Nights at Hyatt Place Hotel, 1 Event Shirt, 2 breakfasts, 1 dinner, plus much more.

\$30.00 non-refundable deposit due upon Registration

\$100.00 due January 1, 2012

I, the undersigned, hereby grant permission for my son/daughter to attend and participate in the **March for Life Trip in Washington, DC from the morning of Saturday, January 21 to the early morning of Tuesday, January 24, 2012.**

I hereby release and hold harmless the associated parishes and youth groups, the Catholic Diocese of Toledo, Ohio, their staffs, sponsors and all adult volunteers and chaperones from responsibility and liability for any injury or illness that my child may sustain during the event.

In case of a medical emergency, I understand that every effort will be made to contact me (the parent or guardian) of the participant. In the event I cannot be reached or the situation necessitates swift action where there is not time to reach me, I authorize an adult, in whose care my child has been entrusted, to consent to any evaluation, diagnosis, procedure, medication and/or hospital care in accordance with standard medical practice by licensed medical personnel. **(Please fill out emergency medical form on the back of this sheet)**

If my child has a condition that requires medication, regular treatments or some other attention, they are capable of managing such care for their own personal health and well being. I also understand there will be demands for physical exertion that will include (and not be limited to) walking, carrying luggage, climbing steps, riding in vehicles for extended periods of time, and others not mentioned.

I, the undersigned, shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child. I agree, by signing this document, that I was advised to check with my insurance company regarding health coverage for domestic travel. Should (my) child (or the adult participant) return home due to medical reasons or otherwise, the undersigned shall assume all transportation and other costs. St. Joan of Arc Parish, St. Rose Parish, St. Joseph Parish, St. Patrick Parish, St. Catherine Parish, The Diocese of Toledo, (others who are not listed here) or any of the group leaders are not responsible for any expenses incurred for anyone returning home at any time for any reason.

I also grant permission to the youth groups involved to use pictures and images from this event that may have my child in them for different advertisements or youth ministry programs as well as on their parish website and social networking sites, such as Facebook.

PRINT Name of Parent/Guardian	Signature of Parent/Guardian	Date
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PRINT Name of Parent/Guardian	Signature of Parent/Guardian	Date
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PRINT Name of Youth	Signature of Youth	Date
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March for Life 2012
Youth Information and Emergency Medical Form
January 21 - January 24, 2012

Student's Information:

Student's Name Date of Birth

Student's Address City State Zip Code

Student's Cell Phone # (may be used to contact students throughout the trip) Texting? (circle one) Yes No

T-Shirt Size: (Please circle one) S M L XL XXL

Parent(s)/Legal Guardian(s) Information:

Name of Parent(s)/Legal Guardian(s)

Home Phone # Cell Phone # Work #

In case of emergency, if parent/legal guardian cannot be reached please contact:

Name: _____ Phone (home): _____

Phone (cell): _____

Relationship to Youth: _____ Phone (work): _____

Emergency Medical Information:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Insurance Company: _____

Name of Policy Holder: _____

Policy Number: _____ Group Number: _____

Please list any allergies, medications needing to be taken during trip or conditions that a doctor, in an emergency, should be alerted of below or on a separate sheet