

2017 DIOCESAN MARCH FOR LIFE PILGRIMAGE  
CATHOLIC DIOCESE OF RICHMOND

**ADULT** Registration Form

**ADULT INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parish Name: \_\_\_\_\_ City: \_\_\_\_\_  
Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_

**SAFE ENVIRONMENT**

*All adults who participate in a youth event sponsored by the Office for Evangelization must be in compliance with the Diocesan Safe Environment Policies. Please indicate that you have completed each component listed below:*

- YES  NO Screening One (completed every 5 years)  
 YES  NO VIRTUS Training (completed once)

Print your entire legal name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_  
Contact Number \_\_\_\_\_  
Relationship to Participant \_\_\_\_\_

# 2017 DIOCESAN MARCH FOR LIFE PILGRIMAGE

## Medical Information and Release Form

All information is kept private and confidential

Name of Participant: \_\_\_\_\_

### MEDICAL INFORMATION

In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share **ANY** information relating to the participant in detail. **BE AS SPECIFIC AS POSSIBLE.**

Does the participant have any dietary restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO	Select any restrictions that apply to this participant: <input type="checkbox"/> <b>Gluten-free</b> <input type="checkbox"/> <b>Peanut-free</b> <input type="checkbox"/> <b>Vegetarian</b> <input type="checkbox"/> <b>Allergic to Chick-Fil-A Sandwich</b>  List any other dietary restrictions (i.e. vegetarian, allergies)
Is the participant allergic to anything? <input type="checkbox"/> YES <input type="checkbox"/> NO	List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):
Is the participant currently taking or has taken any prescription medication in the last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO	List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.
Does the participant have any emotional, physical or sensory conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO	List any emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant. List any physical and/or sensory conditions of which we should be aware of or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

### RELEASE OF LIABILITY AND MEDICAL RELEASE

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend the Catholic Diocese of Richmond, its officers, directors, agents employees, or representatives associated with this event from any and all liability, loss or damage arising from or in connection with my participation in this diocesan event.

Furthermore, I hereby warrant that to the best of my knowledge, I am in good health and assume all responsibility for my health. In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor or that my emergency contact be notified prior to any further treatment. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Adult Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### USE OF PICTURES AND/OR VIDEO

I give permission for pictures and/or video of me engaged in activities related any Diocesan event to have their pictures posted in the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond assumes you give permission.

YES  NO Adult Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# 2017 DIOCESAN MARCH FOR LIFE PILGRIMAGE

## ADULT CODE OF CONDUCT

Group Leaders and Chaperones must read, understand, agree, sign and return this sheet with the Medical Information and Release form. Please be sure that you, the adult Chaperone, and youth understand and abide by these policies.

### Basic Role of Chaperones

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The Office for Evangelization staff depends on the Chaperones to help facilitate order and to serve as a network of support for the youth. It is important that the Chaperones be an example of obedience and cooperation with the following policies as well as with our staff and volunteers on site. Because of the physical demands of the March for Life Pilgrimage weekend, it is necessary that Chaperones be in good health. It is a very intense weekend and can be exhausting both physically and spiritually. Because of these conditions, it is not recommended that those with health problems participate as Chaperones.

Chaperones should be constantly assessing the youth in their group to be aware of any special needs. They should feel comfortable talking and sharing with the youth. Adults should also be willing to pray with the youth in their group. Adult Chaperones are responsible for their students at all times.

### Duties of a Chaperone

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A Chaperone's responsibilities include, but are not limited to, the following areas:

#### 1. Alcohol, Drugs, and Smoking

- ✓ All state laws concerning alcohol and drugs will be strictly enforced.
- ✓ Possession and/or consumption of alcohol or drugs are not permitted on site during the pilgrimage.
- ✓ All pilgrimage site buildings are smoke-free facilities.
- ✓ Adults who chose to smoke must smoke out of sight of youth participants.

#### 2. Appropriate Dress

- ✓ All participants are expected to dress in a fashion that represents modesty, respecting other participants and our Lord.
- ✓ Clothing must cover all undergarments and midriffs. Male participants must wear shirts at all times.
- ✓ The Group Leader and Chaperones are expected to communicate these expectations to the youth before the March for Life Pilgrimage and enforce the dress code at all times during the pilgrimage.

#### 3. Participation

- ✓ It is expected that all pilgrimage participants (youth, Chaperones, group leaders) will be present at scheduled sessions during the pilgrimage, and in appropriate places following the evening sessions.
- ✓ At no time should a youth participant leave the pilgrimage site without one of their adult Chaperones. Adults are strongly discouraged from taking youth off site, except in the case of an emergency.
- ✓ It is to be understood that the said adult takes full responsibility for a youth once off the pilgrimage site grounds.

#### 4. Housing

- ✓ Chaperones are responsible for making sure that teen participants are in their rooms at curfew time. We are guests at the hotel. We ask that it is left in better condition than it is found.
- ✓ Youth should **at no time** be in the room of a member of the opposite sex, unless a group meeting supervised by adults is occurring in an adult room.
- ✓ All youth and adults must be in the sleeping facilities by midnight. Lights out is at 1:00 am each night.
- ✓ An atmosphere of quiet and respect is expected following the lights out time. Violators will be subject to appropriate discipline.

#### 5. Insubordination

- ✓ It is expected that youth and adults will follow the direction of all pilgrimage staff, security, and volunteers.
- ✓ Any instances of lack of cooperation or insubordination will not be tolerated and will be subject to appropriate discipline.
- ✓ The first and primary method of dealing with discipline problems will be to work through the Group Leader.

The Catholic Diocese of Richmond reserves the right to deny entrance to, or request the ejection of any group or individual who does not comply with the regulations and policies for the Diocesan March for Life Pilgrimage. In the event that entrance is denied or a person(s) is ejected, NO REFUND will be made.

I have read, understand, and agree to the above policies. I will ensure that anyone accompanying me to the pilgrimage also understands and agrees to these policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parish: \_\_\_\_\_