

2010 March for Life Bus Trip

Sponsored by *Pro-Life of Mercer County*

Individual YOUTH Registration/Medical Permission Form

Please print the following information clearly.

I. First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City, State, Zip: _____ Home Phone: _____

Parish/School (group you are registered with): _____

Mother/Guardian: _____ Father/Guardian: _____

Additional Emergency Phone numbers (please identify as work, cell, home etc.): _____

Date of birth _____ Grade in the 2008-9 year _____

II. Youth Agreement

I understand that my participation in this program requires compliance with specific rules and regulations. I agree to abide by all rules and regulations set forth. Any infraction of the rules or regulations, including, but not limited to, the possession of alcohol, drugs, or weapons may cause my dismissal from the program. If I should be dismissed, I understand that my parents will be contacted to arrange for my immediate transportation home.

Youth Signature: _____ Date: _____

III. Parental Agreement

I, the parent/guardian of _____ who is less than eighteen years of age, grant permission for my daughter/son to participate in the **2010 March for Life Bus Trip on January 21-22, 2010**. By allowing my child to participate in the said program, I hereby assume all risk of accident or harm arising or growing out of, directly or indirectly, any incident of any kind occurring during the course of such program to my child and do hereby release and discharge *Pro-Life of Mercer County*, and the agents, associates, and employees of the Bishop and parish/school who have organized or participated in the supervision of such program from all claims, demands, suits, causes or actions, rights, costs, expenses, and any compensations whatsoever which may occur to my family and its members during or resulting from participating in the program mentioned.

Signature: _____ Date: _____

III. Parental Agreement (continued)

I am aware of the particulars of the said program including the times, costs, and adults chaperoning the program and have clarified any concerns I may have with the coordinating adult in charge. I agree that my son/daughter shall abide by all rules and regulations of the program including regulations regarding alcoholic beverages, drugs, and weapons. I agree that if my son/daughter fails to abide by the regulations set forth, he/she may be dismissed from the program and I will need to arrange for his/her immediate transportation home at my expense. I understand that any photographs or video taken at this event may be used in *Pro-Life of Mercer County Publications*.

Signature: _____ Date: _____

IV. Medical Information

(Please check only those in accordance with your wishes.)

In the event of an emergency, I hereby grant permission to transport my son/daughter and obtain emergency medical or surgical treatment from a licensed physician, hospital, or medical clinic.

My son/daughter is covered by hospitalization and medical insurance under policy #

_____ issued by _____.

My son/daughter does not have medical coverage and I assume responsibility for the cost of hospitalization and medical care for my son/daughter.

My son/daughter is taking medications at present. He/she will bring all such medications necessary and such medications will be well labeled. The names of, and concise directions for taking such medications,

including dosage and frequency of dosage are as follows. _____

No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

I hereby grant permission for nonprescription medication (such as acetaminophen, decongestant, cough syrup) to be given to my son/daughter, if requested by my son/daughter and deemed advisable by an adult chaperone.

I wish to inform you of the following additional medical information and the recommended course of

action (allergies, dietary restrictions, special conditions, etc.) _____

Signature: _____ Date: _____

Return completed form to:

Pro-Life of Mercer County
Post Office Box 885
Sharon PA 16146