

March for Life Bus Pilgrimage 2018 Participation Agreement

St. James at Sag Bridge

ADULT PARTICIPANT (ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING - 19 and over, as well as 18 year old chaperones)Please return this agreement by January 8, 2018, along with payment for the trip of \$175 (please make check payable to: St. James)****

PLEASE NOTE: Participants who have not turned in the agreement and payment AND who have not fulfilled all requirements (see below) for background checks, etc. by Jan 8 will be removed from the roster, and replaced with people on the waiting list—NO EXCEPTIONS.

Check which of the following applies:

- General Adult (19 and over-Must be Virtus trained, whether or not a chaperone)
- Chaperone (18 and over in charge of teens - must be Virtus Trained)

ALL participants age 19 and over, as well as 18 year old chaperones, must provide the following:

- Virtus (Protecting God’s Children Class) Certificate of Completion** – this will not be needed if you have previously turned this in to St. James. If needed, register for class at www.virtusonline.org.
- Online national background check (at www.eAppsdb.com)**—will not be needed if you previously did this for the Archdiocese of Chicago on eApps. If you need to do this, please refer to our instructions.
- Code of Conduct Acknowledgment Form** – will not be needed if you previously turned this in to St. James (after Feb. 2015, since that was the latest Code of Conduct revision).
- CANTS form (Illinois DCFS background check)** – this form needs to be done annually by all adults and chaperones.

Participant Information:

Name: _____

Male/Female: _____ Date of Birth: _____

Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

* All participants with cell phones are strongly encouraged to bring them on the pilgrimage.

Hoodie Size: Small Medium Large XL XXL

THIS FORM IS 2 PAGES. Please be sure to complete page 2.

St. James at Sag Bridge – 10600 S. Archer Ave., Lemont, IL 60439 – Ph 630-257-7000 Fax 630-257-7912

Medical History

****NOTE** PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES**

Physician's Name: _____ Phone #: _____

Allergies/Special Needs: _____

In the event of an emergency, please contact the following:

Name: _____ Relation/Title: _____

Telephone: _____

1. In signing this form, I hereby state that the information included in this form is correct.
2. In the event that I am not coherent or conscious, I hereby grant the staff, volunteers or agents of St. James at Sag Bridge permission to act on my behalf in seeking emergency medical treatment for myself in the event that such medical treatment is deemed necessary.
3. I agree to accept any and all financial responsibility as a result of emergency medical treatment.
4. I recognize that there are risks inherent in participation in any activity and agree to hold St. James at Sag Bridge, its affiliates and its and their employees, volunteers and agents, harm less from any injury to myself or damage to or loss of my personal property not caused by the negligence or misconduct of St. James, its affiliates and its and their employees, volunteers and agents.
5. I understand that for all St. James activities there is a zero tolerance policy for the use of any mood altering chemicals (including alcohol and illegal drugs), foul language, threats or any type of abuse and inappropriate physical contact. I agree to follow this policy.

Print Name: _____

Signature: _____