

YOUTH REGISTRATION PACKET

INDIANA MARCH FOR LIFE

MONDAY, JANUARY 22, 2024

Registration is now open for high school youth and adult leaders to attend the Indiana State March for Life on Monday, January 22, 2024 in Indianapolis. This single day trip will consist of a youth rally for life with special guests Sarah Kroger and the Sisters of Life, Mass with Indiana bishops and young Catholics across the state, lunch, a march through downtown Indianapolis, and a pro-life rally at the statehouse. We invite you to join us!

Due to the Dobbs decision which overturned Roe v Wade in the summer of 2022, it has become more apparent that there is a need for a local, state presence in our pro-life efforts. There is also a need for prayer to remain the focal point of all that we do. During this trip to Indianapolis, we will maintain a prayerful spirit, and will remind those in attendance that every human being is created in the image and likeness of God. This trip will focus on the Church's call to stand up for the most vulnerable in our society.

The cost to attend is \$65 per person, which includes charter bus travel, admittance into the youth rally for life, snacks, lunch, and a hooded sweatshirt. Though the march is open to all ages, this particular trip is for high school youth and adult chaperones within the Diocese of Evansville. **All forms and payments are due to parish or school groups. Group leaders should have forms and payments sent to the Diocese by Thursday, January 11. Group leaders should fill out the online registration form by Tuesday, January 9 at 12:00pm CST / 1:00pm EST.**

All youth registrants must fill out each of the forms below (Registration Form, Event Waiver, and Medical Information Form) and submit them along with full payment to their designated school or parish group leader. If you do not have a group to sign up with, please reach out to Jeremy Goebel at jgoebel@evdio.org and you will be assigned to a group. If you have further questions you can email or call the Catholic Center at (812) 424-5536 and ask for Jeremy. Thank you and God bless!

Indiana State March for Life - REGISTRATION
Indianapolis, IN
January 22, 2024

Group/Parish/School Name: _____

Group Leader's Name: _____

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Participant Cell Number: _____

Gender: Male Female Date of Birth (mm/dd/yyyy): _____

If you are under 19, what is your age? _____

Sweatshirt Size: Small Medium Large XLarge XXLLarge

Are you a group leader or chaperone? Yes No

Will you be 18 years or older (and out of high school) at the time of this trip? Yes No

If 18 and out of high school, have you completed the Diocesan Youth Protection Training?

Yes No

COST \$65 per person: Includes charter bus travel, light snack, lunch at the Convention Center, admittance to the youth rally for life, and hooded sweatshirt.



**Office of Youth & Young
Adult Ministry**

Office Use Only

_____ **Date Received**
_____ Payment Received
_____ Waivers & Forms Complete
_____ Entered Online

NOTE

Individuals should have checks made out to their school or parish group, and then group leaders can **send one check to the Diocese.**

You will not be fully registered until all forms and waivers are completed and received along with full deposit payment of \$65.

IMPORTANT

ANY participant who is 18 years or older and out of high school at the time of the trip must complete the Diocesan Youth Protection Training and will need a background check. Please contact your parish to make arrangements. No exceptions can be made to this policy.

RETURN OF REGISTRATION FORMS AND PAYMENTS:

PARTICIPANTS: Submit the following to your group leader: 1. Registration form, 2. Event Waiver, 3. Medical Form (youth only), and 4. Payment of \$65 per person

For Group Leaders only:

Be sure to log each participant using the online registration form

CHECKS: Make payable to **Diocese of Evansville – Indiana March**

MAIL: Diocese of Evansville
Attn: Jeremy Goebel
4200 N. Kentucky Ave.
P.O. Box 4169
Evansville, Indiana 47724-0169



**DIOCESAN EVENT WAIVER AND RELEASE
CATHOLIC DIOCESE OF EVANSVILLE**

Youth's Name: _____	Age: _____	Grade: _____
Parish/School/Program: _____	City: _____	
Event: _____	Date(s): _____	

I/We, the parent(s)/guardian(s) of the above named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, _____ Parish, _____ Pastor, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that neither the Parish, the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury.

In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

Further, I/we acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via www.evdio.org/diocesan-forms-for-oyaya). I acknowledge and understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Printed Name: _____

Signature: _____	Date: _____
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MEDICAL INFORMATION
CATHOLIC DIOCESE OF EVANSVILLE (REV. 7/12)

Youth's Name: _____

Address: _____
(Street) (City, State, Zip)

Parent/Guardian
to Call in Emergency: _____
(Print Name) (Phone)

If Parent/Guardian
CANNOT be reached: _____
(Print Name) (Phone)

Family Physician: _____
(Print Name) (Phone)

Family Insurance Carrier: _____
(Print Name) (Phone)

Insurance Policy Number: _____

Are parents living together: Yes. No.

With whom does child live? Mother. Father. Other: _____

Is anyone, by court order or decree, designated as the sole, custodial parent? If so, list:

List anyone restrained from picking up child: _____

I understand it is my responsibility to keep the youth minister informed about such matters and to provide copies of relevant court orders and decrees to officials.

List any chronic or existing disease or medical problems (e.g. diabetes, asthma, epilepsy):

List any medications your child is taking on a regular basis:

Should it become necessary, please list any instructions for care of the above:

Place "X" in box if it is **NOT** acceptable for your child to be provided over-the-counter medications (e.g., commonly used pain, allergy, or nausea medications).

Parent/Guardian Signature

Date