YOUTH REGISTRATION PACKET
INDIANA MARCH FOR LIFE:
THURSDAY, JANUARY 20, 2027

Registration is now open for **8th - 12th grade youth and adult leaders** to attend the Indiana State March for Life on Wednesday, January 20, 2027 in Indianapolis. This single day trip will consist of a youth rally for life with music by PJ Anderson, 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. From conception until natural death, we are pro-life!

The cost to attend is $75 per person, which includes charter bus travel, admittance into the youth rally for life, a snack, lunch, and a custom beanie. Though the march is open to all ages, this particular trip is for 8th - 12th grade youth and adult chaperones within the Diocese of Evansville. **Group leaders should fill out the online registration form by Monday, January 4 at 12:00pm CST/1:00pm EST. Digital and hard copy forms for registrants should be turned in to the Diocese by group leaders by Friday, January 15.**

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. If you do not have a group to sign up with, please reach out to Sherie Cooley at scooley@evdio.org or at (812) 424-5536 and you will be assigned to a group.
Thank you and God bless!

Indiana State March for Life - REGISTRATION
Indianapolis, IN
January 20, 2027

Group/Parish/School Name:_____
Group Leader's Name:_____
Participant Name: _____
Participant Cell Number: _____
Gender: ☐ Male ☐ Female Date of Birth (mm/dd/yyyy):_____
If you are under 19, what is your age? _____

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 and background check through your parish?
☐ Yes ☐ No

Boxed Lunch Order: All lunches include a sub sandwich, assorted chips, cookie, and water.
☐ Chicken Bacon Ranch Sub ☐ Ham & Provolone Sub ☐ Meatball Sub ☐ Fresh Veggie Sub

COST: $75 per person: Includes charter bus travel, light snack, lunch at the Convention Center, admittance to the youth rally for life, and a custom beanie.

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. The Diocese will invoice parishes and schools in February.

You will not be fully registered until all forms and waivers are completed and received along with full payment of $75.

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 $75 per person

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For Group Leaders only:

Be sure to log each participant using the online registration form

The Diocese will invoice parishes in February. Total number of attendees x$75.

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 **t**ransported 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: _____

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 <u>NOT</u> acceptable for your child to be provided over-the-counter medications (e.g., commonly used pain, allergy, or nausea medications).**

_____ _____
Parent/Guardian Signature *Date*