

## SS. PETER AND PAUL CATHOLIC CHURCH, MANKATO REGISTRATION | CODE OF CONDUCT



### **ADULT REGISTRATION**

Ages 18+

Event:	March for Life Washington D.C.	<b>Dates:</b> January 20-24, 2022

Location:Washington D.CTransportation:Mini Vans- AirplaneParish:Ss. Peter and Paul, MankatoGroup Leader:Sr. Strength of MartyrsCost of Event:\$350Registration and \$250 down payment [for plane ticket] due: October 23, 2021

Name:	G	i <b>ender:</b> Male   Female <b>DOB:</b>	JI
Address:	city/state/zip		
Home Phone:	Cell:	Email:	
	ON OF RISK AND INDI		
		volunteer to come of my own fi	ree will for the
above-described pilgrimage.			
The undersigned, his/her personal repres		=	
•		above named Parish and the Order o	
		ose arising out of the strict liability of	
		property damage and further agrees	
	from any claim judgem	ent or expense release may incur by p	participation in
the described activity/field trip	a in the described estivi	tu/field trip involves denger and risk	of injume. The
<ol><li>UNDERSTAND that participation inherent danger is understood a</li></ol>		ty/field trip involves danger and risk	of injury. The
IMAGE WAIVER: I understand and agree			iring this event
may be used for promotional purposes.	that any photograph, vi	aco, and internet site image of the de	aring tins event
EMERGENCY MEDICAL TREATMENT: In	the event of an emerge	ency. I give permission to transport m	ne to a hospital
for medical treatment. I wish to be advi			-
any emergency contact:	, , , , , , , , , , , , , , , , , , ,		
Alternative contact name (printed)	Relationship	Home Phone	
MEDICATIONS: medication I am taking at	t nresent is		
I will bring all such medications necessary			ontainers
Names of medications, including dosage	-		
HEALTH PLAN CARRIER	-		
DOCTOR		PHONE NUMBER	
I have read this docume	nt. I understand it is a	release of all above claims. I unders	tand that I
SIGN assume all risk inherent in	n this pilgrimage. I volu	intarily sign my name evidencing my	y acceptance
HERE of these provisions			
Signature		Date	
OPTIONAL MEDICAL INFORMATION: Spe	acific Medical Information	on the Parish of Sc. Peter and Paul wi	ill tako
reasonable care to see that the following			iii take
<ul> <li>Allergic reactions (medications, food</li> </ul>			
	is, giuten intolerance, n		



Date of Last Background Check\_

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### **ADULT REGISTRATION**

Ages 18+

#### MARCH FOR LIFE, WASHINGTON D.C. | JANUARY 20-24

Name:
Parish:
CODE OF CONDUCT
Please remember you are representatives of Ss. Peter and Paul Parish. We expect you will represent our Parish and Diocese well during this pilgrimage. Recall that you are a witness to Christ Jesus, to the press, and others who will attend this gathering. We ask you to project an image of Christian charity and respect to everyone and to the property around you. We are confident you will display maturity, responsibility in leadership and character. Thankyou!
Parish participants are responsible for their actions. Each participant accepts the full responsibility for any damage or theft caused while attending this pilgrimage. Leaders/Chaperones are expected to enforce the Code of Conduct and set an example for the participants.
1. I will treat all persons with as a son or daughter of God with dignity and respect. I will not intentionally cause any harm (physically, emotionally, or spiritually) to any person in any way.
2. I will respect the property of others, including all program facilities
3. I will follow all appropriate instructions of all personnel aiding in this event; including, but not limited to chaperones, support staff, transportation personnel and administration.
4. I will be on time for all check ins and departure times
5. I will attend all activities and remain with their group or designated subgroup at all times.
<ol><li>I will not purchase, possess, or use alcohol or illegal drugs or tobacco products</li><li>If you have prescription medication, your group leader must be informed before the trip</li></ol>
7. I will not purchase, possess or view sexually explicit or morally inappropriate materials in any form
8. I will not purchase or possess any weapons. Possession of a weapon will mean immediate dismissal
<ol><li>I will be aware of noise levels in sleeping areas. I will respect others' need for sleep, quiet time and privacy.</li></ol>
10. I will dress modestly at all times.
I agree to abide by this code of conduct traveling to and from and during this event. I understand that any action inconsistent with this Code of Conduct may result in my removal from this pilgrimage
Participant Signature Date
Date of Last Virtus Training