



**2018 March for Life**  
Bus Trip Registration



Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parish: (Circle one) St. Mary's, Westphalia St. Joseph's, Pewamo St. Patricks MHT Fowler

**2018 March for Life bus trip to Washington D.C.**

**Cost: \$110** (make checks payable to St Mary's Parish)

Each participant will receive hat

**By signing below I give my child permission to attend the 2017 March for Life Bus Trip to Washington D.C.**

I understand that my child will depart from Westphalia via charter bus on Thursday morning at 5:30am, January 18th and arrive at St. Timothy Catholic Church in Chantilly, Virginia for overnight lodging. They will then go to the March for Life in Washington D.C. Friday morning, January 19th. After the March they will go to Holy Family Catholic Church in Steubenville, Ohio for overnight lodging. They will then leave Steubenville on Saturday, January 20th and arrive in Westphalia, MI at approximately 4:30 P.M.

I realize that I am also responsible for providing transportation for my child to get home upon his/her return to Westphalia.

Parent(s) name: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Emergency Release Form

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Primary Emergency Contacts: In case of emergency, all attempts will be made to contact one of the persons listed below as soon as possible.**

Mother: \_\_\_\_\_ Tel. #: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Father: \_\_\_\_\_ Tel.#: Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Emergency Contacts if parents can't be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. #: \_\_\_\_\_

**If the Volunteer Staff is unable to reach any of these people, I give my permission for a member of the staff to sign for emergency treatment.**

**Additional Medical Information: (Allergies or medication)**

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_