



Pinckney Pro-Life™



**March for Life
Registration Form
One Form per Participant**

SECTION A – Registration Information

Name: _____ Date of Birth: _____
Street Address: _____ Parish: _____
City/State/ZIP: _____ Year of Graduation: _____
Participant’s (Student or Chaperone) Cell Phone: _____ Gender: _____
Home Phone: _____ Parent/Guardian Cell Phone: _____
Parent/Guardian’s Name(s): _____

SECTION B –Medical Treatment Authorization

In case of Emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

Name: _____ Signature: _____ Date: _____
Relationship to Participant: _____ Insurance Provider: _____
Policy: _____ Group: _____ Contract: _____
Family Physician: _____ Phone: _____
Physician Address: _____ City: _____

Emergency Contacts if unable to reach Parent/Guardian:

- 1). Contacts Name: _____ Phone: _____ Relationship: _____
- 2). Contacts Name: _____ Phone: _____ Relationship: _____

In the space provided below please list allergies, medication, physical/health limitations, or information which would be beneficial for the chaperone to know.