



Guys Pilgrimage March 24-25, 2019

The Shrine of the Most Blessed Sacrament
and
The Saint John Paul II Eucharistic Center

Drop Off: Sacred Heart Church March 24, 8:40am **Pick Up:** Sacred Heart Church March 25, 8pm

Pilgrimage Location: 3222 Co Rd 548 Hanceville, AL & lodging at Quality Inn 810 Hanceville, AL

Who may register: 8-12 grade Life Teen & Edge members **Cost:** \$60 (\$55 SH Missionary)

Meals Included: Breakfast each day. Lunch on March 25.

What to bring: Bring money for lunch on Sunday and dinner both days. Bring snacks for the room. Bring your Rosary, Bible, and journal. Bring money for the gift shop that has tons of cool T-shirts, books, music, and religious artwork!

What to wear: 2018/19 "Relentless" T-shirt (available in CYM room for purchase), jacket for areas.

PLEASE PRINT INFORMATION CLEARLY

Participant Name: _____ **Birthdate:** _____ **Gender:** Male

Home Address, City, State, Zip: _____

Daytime Phone: _____ **Evening Phone:** _____ **Cell:** _____

Email: _____

I voluntarily agree to participate in this event at the Shrine of the Most Blessed Sacrament and Quality Inn in Hanceville, Alabama, on March 24-25, 2019. This activity will take place under the guidance and direction of employees / volunteers from Sacred Heart Parish, Warner Robins, Georgia (Diocese of Savannah). I also understand that my child's participation requires transportation to/from the event site, and this transportation is arranged by my parish leaders. For value received, I agree to hold harmless and defend my parish named above, its officers, directors, employees and agents, and the Diocese of Savannah, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate my parish/school/organization named above, its officers, directors and agents, and representatives associated with the event, for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

Signature: _____ **Date:** _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge I am in good health, and I assume all responsibility for my health.

Impairments (Check all that apply): Wheelchair Access ___ Hearing ___ Visually ___ Mobility ___

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to be transported to a hospital for emergency medical or surgical treatment. In such event, please contact:

Name & Relationship: _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

Family Health Plan Carrier: _____ **Policy #:** _____

Medications: I am taking medication at present. I will bring all such medications necessary, and such medications will be well-labeled. Names of medications, dosage and frequency of dosage, are as follows: _____

Specific Medical Information:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Date of last tetanus/diphtheria immunization: _____

Any physical limitations? _____

List any reactions to new situations (sleepwalking, fainting, etc) _____

If you have recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, please state disease, date and present condition: _____

Other special medical conditions: _____

OFFICE USE ONLY

Date Received- _____ Amount Pd- _____ Check #- _____ Cash received- _____