



Event Information

WHAT: Walk for Life West Coast 2011
WHEN: Saturday, January 22, 2011 ~ 10:00 AM – 5:30 PM
WHERE: Justin Herman Plaza, along the Embarcadero, and the Marina Green/Fort Mason Center
WHY: Since 2005, Walk for Life West Coast has brought together people of all ages and faiths across California to peacefully march and pray for life-affirming policies in the United States

Participant Information

PARTICIPANT'S NAME: _____ EMAIL: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
PARISH: San Jose Chinese Catholic Community BIRTHDATE: _____ GRADE: ____ SEX: ____
PARENT/GUARDIAN'S NAME: _____ HOME PHONE: (____)____-_____
PARENT EMAIL: _____ CELL PHONE: (____)____-_____
DOCTOR'S NAME: _____ DOCTOR'S PHONE: (____)____-_____
INSURANCE COMPANY: _____ POLICY #: _____

Are there any known allergies to food or medications that those who work with your young person should be aware of? YES NO

If YES, explain: _____

Are there any known physical, psychological, or emotional limitations that would affect this young person's participation in this event? YES NO

If YES, explain: _____

EMERGENCY CONTACT IN THE EVENT THE PARENT(S) CANNOT BE NOTIFIED:

NAME: _____ PHONE: _____

Release Form

I request that the San Jose Chinese Catholic Community, Watermark Youth Group, permit my child to participate in the Walk for Life West Coast 2011 to be held from Saturday, January 22, 2011 10:00AM – 5:30PM in San Francisco, from Justin Herman Plaza to the Marina Green. I understand that reasonable precautions will be taken to safeguard the health and well being of my child, and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray exam, anesthetic, medical, dental or treatment and hospital care to be rendered to my child under the general care and advice of any physician, dentist or surgeon licensed to practice in any state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred.

PARENT'S SIGNATURE: _____ DATE: _____