

TOTUS TUUS 2019

PARTICIPANT REGISTRATION FORM

Family Last Name: _____

Parents' Name(s): _____

Address: Street _____

City, State, Zip _____

Preferred Phone number(s): **please indicate home (H) or cell (C)**

Preferred Email: _____

Children to be enrolled in Totus Tuus and their grade levels (1-12) for the NEXT YEAR of school:

CHILD'S NAME	DATE OF BIRTH	GRADE IN 2019	KNOWN ALLERGIES & OTHER IMPORTANT MEDICAL INFO	CURRENT MEDICATIONS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

General Permission

I request that my child(ren), _____, be allowed to attend Totus Tuus located at/in St. Monica / St. Patrick Parishes which takes place: July 14th - July 19th . I hereby release and agree to indemnify and hold harmless the parish, its staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this event.

RETURN FORM TO: St Patrick Catholic Parish
 705 East Jefferson
 Washington, IL 61571

MAKE CHECKES PAYABLE TO: St Patrick Church

OFFICE USE ONLY

Total Due: _____

Total Paid: _____

Check # _____

Please mark # of children on appropriate line(s) below:

___ \$25 / child, Grades 1-6

___ \$50 / family (3+kids), Grades 1-6

___ \$10 / teen, Grades 7-12

***** Preferred method of contact *****

Email Phone Call Text

Medical Permission Form

I grant permission for the administration of First Aid to my child(ren), _____, by the people in charge of the Totus Tuus event, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Insurance Information

Policy Holder (in the name of): _____
Insurance Company: _____
Policy Number: _____
Identification/SSN: _____
Authorized Physician: _____ Phone #: _____
Authorized Hospital: _____

Parent/Guardian Signature: _____ **Date:** _____

In case of emergency, when parents can't be reached, please contact: _____

Relationship to child: _____

Phone #(s): _____

Videotaping and Still Photographs

Video, still photographs and audio recordings may be taken during Totus Tuus. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

Parent/Guardian Signature: _____ **Date:** _____