TOTUS TUUS 2019 REGISTRATION FORM

**$25/child OR $60/family due at registration**

Name of Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name(s) of Child(ren) | Is child ReceivedCatholic? 1st Communion? | Allergies, Medications & Dosage, Medical Conditions, Food Restrictions, seizures/fainting | Male orFemale | Grade in ‘18-19 |
|  |  Y N Y N |  |  |  |
|  |  Y N Y N |  |  |  |
|  |  Y N Y N |  |  |  |
|  |  Y N Y N |  |  |  |
|  |  Y N Y N |  |  |  |

ADDITIONAL EMERGENCY CONTACT INFORMATION: Name and phone number of an adult to contact between Totus Tuus hours in the event that you cannot be reached at the numbers above.
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Permission for Youth and Adults:**
I grant permission in the event I/my child is injured or becomes ill for medical care to be administered to me/my child and to use my/our personal insurance to cover such incidents. After discussion with the emergency contact, I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

**Permission for Other Medical Matters:**\_\_\_\_\_**Yes,** in the event it comes to the attention of the Diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to my child.

**Release of Liability for Youth and Adults:**I understand all reasonable safety precautions will be taken at all times by the Catholic Archdiocese of Kansas City in Kansas, the Office of Youth & Young Adult Ministry, Totus Tuus and its employees and agents, and also Sacred Heart Catholic Church Emporia volunteers during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Catholic Archdiocese of Kansas City in Kansas, the Office of Youth & Young Adult Ministry, and Totus Tuus, its leaders, employees and volunteer staff from any and all claims arising from or in connection with attending this event.

**Code of Behavior for Youth and Adults:**I agree to abide by and/or instruct by child to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/participant fail(s) to abide in any way by the rules, that I/participant can be dismissed from the event and sent home immediately at my/participant’s expense with no right or reimbursement or refund for any amount in connection therewith from the Catholic Archdiocese of Kansas City in Kansas or it chaperones/representatives.

**Photo Release:**
I hereby authorize the Catholic Archdiocese of Kansas City in Kansas, the Office of Youth & Young Adult Ministry, and Totus Tuus and its agents to utilize photographic and/or video images of me or my child by the Catholic Archdiocese of Kansas City in Kansas. In giving my consent, I hereby indemnify and hold harmless the Catholic Archdiocese of Kansas City in Kansas, the Office of Youth & Young Adult Ministry, and Totus Tuus and its agents from any and all responsibility of liability. I understand that I will receive no compensation should any photograph and/or video of me or my child be used.

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