

TOTUS TUUS 2017 REGISTRATION FORM

**\$15/child OR \$40/family
due at registration**

Name of Parents/Guardians: _____

Address: _____ Email: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name(s) of Child(ren)	Is child Catholic?	Received 1 st Communion?	Allergies, Medications & Dosage, Medical Conditions, Food Restrictions, seizures/fainting	Male or Female	Grade in '17-18
	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 its 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: _____