

TOTUS TUUS Registration Form - July 23 - July 28, 2017



Grades 1-6, Mon - Fri, 9am - 3pm
Grades 7-12, Sun - Thu, 7:30pm - 9:45pm
All classes meet at the St. Mary School

\$20 student or \$40 family T-shirt included DUE JULY 10th to the St. Mary church office
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Family Information (please print legibly) - *Medical Release Form on Back*

STUDENT NAME _____ STUDENT GRADE (17-18) _____

Parent/Guardian _____ Phone # _____

Address _____

Mother's Work # _____ Father's Work # _____

Mother's Email _____ Father's Email _____

ADDITIONAL EMERGENCY CONTACT: Name and phone number of an adult to reach in case of emergency in the event that you cannot be reached at the numbers above.

Name _____ Phone Number (____) _____

HELP NEEDED

*** Check &/or Circle any areas you are available to help	Days AVAILABLE
<input type="checkbox"/> I am available the week of Totus Tuus to help with supervision	M T W Th F
Morning 8:30 - 11:00 _____ Afternoon 11:30 - 3:00 _____	
<input type="checkbox"/> Provide lunch for the Totus Tuus leadership team and volunteers	M T W Th
<input type="checkbox"/> Be on duty as lunch room supervision during the day program	M T W Th F
<input type="checkbox"/> Provide dinner for the Totus Tuus Leadership team	Su M T *
<input type="checkbox"/> Help coordinate, setup and take down for *Wednesday Parish Potluck	
<input type="checkbox"/> Help with Friday afternoon FUN 12 - 3pm	
<input type="checkbox"/> Clean-Up 2-5pm FRIDAY	

Each student is responsible for bringing their own **sack lunch** every day.

Each family is asked to provide **one bag of cookies and a healthy snack to share** on Monday. *****
(ex. Fruit, Carrots, Cheese, Pretzels, Grapes, Crackers, etc.)

T-SHIRT ORDER
A shirt is included in registration cost. Please indicate size and number

YOUTH
S ___ M ___ L ___

ADULT
S ___ M ___ L ___ XL ___



**CATHOLIC DIOCESE OF WICHITA OFFICE OF FAITH
FORMATION – TOTUS TUUS
Medical Release & Waiver**

PLEASE PRINT LEGIBLY IN INK:

Name of Participant _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Date of Birth _____ / _____ / _____ M F

Emergency Contact #1 Name: _____ Relationship to participant _____

Address (if different from participant) _____

Contact Phone #1: _____ **NUMBER TO TEXT UPDATES** _____

Emergency Contact #2 Name: _____ Relationship to participant _____

Contact Phone #1: _____ Contact Phone #2: _____

Insurance Company: _____ Policy #: _____

List any allergies / present medical conditions / activity and/or food restrictions:

List current medications and dosage: _____

Does participant wear contact lenses? Y N

Medical Authorization:

I/We understand that the Catholic Diocese of Wichita, the Office of Faith Formation, and Totus Tuus assume no responsibility for accidents which may occur in association with diocesan events and activities. I/We agree to use my/our personal insurance to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia, or surgery for Participant as deemed necessary.

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 Participant.

Release of Liability for Youth and Adults:

I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Wichita, the Office of Faith Formation, and Totus Tuus and its employees and agents 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 Diocese of Wichita, the Office of Faith Formation, 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 my 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 of reimbursement or refund for any amount in connection therewith from the Catholic Diocese of Wichita or its chaperones/representatives.

Photo release:

I hereby authorize the Catholic Diocese of Wichita, the Office of Faith Formation, and Totus Tuus and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Wichita. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Wichita, the Office of Faith Formation, 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 Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____