



# TOTUS TUUS 2019

## REGISTRATION FORM

1ST-6TH GRADE PROGRAM, *JULY 22-26, 2019 8am - 1pm*

7TH-12TH GRADE PROGRAM, *JULY 21-25, 2019 7pm - 9pm*

Family Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Parish: \_\_\_\_\_

*More details will be sent to you via email as the week approaches.*

**Children to register for Totus Tuus, and their incoming grade level (1-12) for the 2019-2020 school year:**

**RETURN ONE FORM PER FAMILY TO:**

St. Francis Church  
Totus Tuus Registration  
203 E. Main St.  
Teutopolis, IL 62467

**MAKE CHECKS PAYABLE TO:**

St. Francis Church

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

- \_\_\_\_\_ \$20 per child, grades 1-6
- \_\_\_\_\_ \$50 per family (3+ kids), grades 1-6
- \_\_\_\_\_ \$15 per teen, grades 7-12

Child's Name:	Date of Birth:	Grade in Fall 2019	Allergies & Medical Info We Need to be Aware of:	Current Medications:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### General Permission

I request that my child(ren), \_\_\_\_\_, be allowed to attend *Totus Tuus* located at/in **St. Francis parish** which takes place: **July 22-26, 2019**. 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 Springfield 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.

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

**Please also complete and sign the reverse side. →**

**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.

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

**Insurance Information:**

Policy Holder (in the name of): \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Identification #: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Authorized Hospital: \_\_\_\_\_

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

**Emergency Contact:**

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

Relationship to child(ren): \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**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 St. Francis and the Diocese of Springfield publications and websites.

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

**WE NEED YOUR HELP!**

**Please help contribute to the success of *Totus Tuus* by marking one or more of the options below. For more opportunities to help during the program itself, pick up a *Adult or Youth Volunteer Registration Form* from the back of church or our website.**

\_\_\_\_\_ I would like to bring lunch for the team by providing (4) lunches at noon. Circle your day preference:  
Sun/Mon/Tues/Wed/Thurs/Fri

\_\_\_\_\_ I would like to invite the team for dinner (4 members.) Dinner is from 5:15 - 6:30pm.  
Circle your day preference: Sat/Sun/Mon/Tues/Wed/Thurs

\_\_\_\_\_ I would like to host one or more team members to stay for the week. This includes providing housing from Saturday evening, July 20, through Friday morning, July 26, a breakfast each morning for the team member(s) at 7:00 AM, and one use of laundry facilities at some point over the course of the week.

**OFFICE USE ONLY:**

Total Due: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Parish Staff: \_\_\_\_\_