

# Totus Tuus 2022

## PARISH REGISTRATION FORM

Office Use Only
Total Due: _____
Total Paid: _____
Check #: _____

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

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

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

CHILD'S NAME	DOB	GRADE IN 2022	KNOWN ALLERGIES & MEDICAL INFO WE NEED TO BE AWARE OF	CURRENT MEDICATIONS	T-SHIRT SIZE (Youth/adult sizes)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### General Permission

I request that my child(ren), \_\_\_\_\_, be allowed to attend Totus Tuus located at/in **St. Malachy's, Geneseo** which takes place: **July 24-29, 2022**. 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.

## 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: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_

Authorized Hospital & Address: \_\_\_\_\_

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

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

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

## 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 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Please Help!

\_\_\_\_ I would like to sign up for an hour of prayer in the \_\_\_\_\_ chapel \_\_\_\_\_ at home.

\_\_\_\_ I would like to invite the team for dinner (2 men and 2 women)

Dinner is from 5:15-6:30pm. **\*\*\*Coordinators will be in touch.\*\*\***

\_\_\_\_ Our family will be attending the Parish Potluck. \_\_\_\_\_ # Attending