

**Registrations due  
by June 14, 2024  
to guarantee  
a T-shirt!**

# Totus Tuus 2024

## PARISH REGISTRATION FORM

Office Use Only

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

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

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

Online: \_\_\_\_\_

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

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

Email \_\_\_\_\_

Address \_\_\_\_\_

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

**Cost is \$ 40 per student  
and includes a T-shirt.**

**Children to be enrolled in Totus Tuus and their grade levels (1-12) for the 2024-2025 school year.**

<b>CHILD'S NAME</b>	<b>DOB</b>	<b>GRADE IN 2023-2024</b>	<b>KNOWN ALLERGIES &amp; MEDICAL INFO WE NEED TO BE AWARE OF</b>	<b>CURRENT MEDICATIONS</b>	<b>T-SHIRT SIZE (Mark Youth or adult sizes)</b>
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### 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 7-12, 2024** 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.

**Turn Over**

## 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 4:45-6 pm. **\*\*\*Coordinators will be in touch.\*\*\***

\_\_\_\_ Our family will be attending the Parish Potluck Wednesday, July 10, 2024. \_\_\_\_\_ # Attending