

# TOTUS TUUS Registration Form – June 26- July 1<sup>st</sup> 2016

7<sup>th</sup> -12<sup>th</sup> Grade 7:30 p.m. – 9:45 p.m. Sunday - Thursday | 1<sup>st</sup> – 6<sup>th</sup> Grade 9:00 a.m.-3:00 p.m. Monday - Friday

Preschool (4 year old) and Kindergarten (2016-2017) 9:00a.m. to 12:15 p.m. Monday- Friday

Family Information (please print legibly)

STUDENT NAME \_\_\_\_\_ STUDENT GRADE \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

Mother's work # \_\_\_\_\_ Father's work # \_\_\_\_\_

Other # \_\_\_\_\_ Household 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 <b>Morning 830-1100</b> _____ <b>Afternoon 1130-300</b> _____	<b>M T W Th F</b>
<input type="checkbox"/> Provide lunch for the Totus Tuus leadership team and volunteers	<b>M T W Th F</b>
<input type="checkbox"/> Be on duty as lunch room supervision during day program 1130-1230	<b>M T W Th F</b>
<input type="checkbox"/> Provide dinner for the Totus Tuus leadership team	<b>SU M T W</b>
<input type="checkbox"/> Be a host family for a team of 2 college students- overnight Sat- Sat	
<input type="checkbox"/> Help with <b>Friday</b> afternoon FUN and 12-3pm	
<input type="checkbox"/> Clean-up <b>2-5pm FRIDAY</b>	

**\*\*\*\*\*NEW THIS YEAR IS THE INCREASED FEES FOR LATE REGISTRANTS\*\*\*\*\***

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, yogurt etc.)

*This registration form and payment of \$25 per student is due by **JUNE 17, 2016.** AFTER THIS DATE FEE INCREASES TO \$40 PER STUDENT (The maximum payment per family is \$75) Scholarships are available*

### T-SHIRT ORDER

A shirt is included in registration cost.  
Please indicate size and number

YOUTH

XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

ADULT

S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

### FOR STAFF USE ONLY

PAID \_\_\_\_\_ CASH/CHECK # \_\_\_\_\_ (AMOUNT) \_\_\_\_\_

Entered in notebook \_\_\_\_\_

**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 \_\_\_\_\_