



# Totus Tuus 2019 Registration Form – July 7 to 12

**Grade School Program** (Fall 19, Grades 1-6) ▪ Monday-Friday (July 8-12) ▪ 9am to 2:30pm

**Teen Nights** (Fall 19, Grades 7-12) ▪ Sunday-Thursday (July 7-11) ▪ 7:30pm to 9:30pm

**\*\* Please return registration form by Sunday, June 30, 2019\*\***

Parent/Guardian Name(s) \_\_\_\_\_

Parish \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name	M/F	Age	Grade Fall 19	Food Allergies/Other Concerns

**POTLUCK DINNER RSVP – Wednesday, July 10 (6pm)**

<input type="checkbox"/> YES	Our family will attend the Totus Tuus Potluck (meat provided).	<b>Number Attending</b>	
<input type="checkbox"/> NO		Adults	Children

**POOL PARTY RSVP – Friday, July 12 (6:30-8:30pm)**

<input type="checkbox"/> YES	Our family will attend the Totus Tuus Pool Party at the Eldon Pool.	<b>Number Attending</b>	
<input type="checkbox"/> NO		Adults	Children

**There is no cost to attend, but registration is necessary to help us plan for your child.** Snacks and lunch will be provided for the grade school program and snacks will be provided for the evening teen program. **VOLUNTEERS NEEDED: Adult chaperones needed for both youth/teen programs!** Text/call Melissa Albertson at 573-392-8247 to volunteer or for any questions.

**Medical Authorization:** YES, I understand that the Catholic Diocese of Jefferson City (*herein after Diocese*) and Totus Tuus (*herein after TT*) assume no responsibility for accidents which may occur in association with diocesan events and activities. I agree to use my/our personal insurance to cover any such incidents. I 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  NO, 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:** YES, I understand all reasonable safety precautions will be taken at all times by the Diocese and TT 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 Diocese and TT, 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:** YES, 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 Diocese or its chaperones/representatives.

**Photo Release:**  YES  NO, I hereby authorize the Diocese and TT and its agents to utilize photographic and/or video images of me or my child by the Diocese. In giving my consent, I hereby indemnify and hold harmless the Diocese and TT 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 Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Return completed form by placing in Mass offertory basket or take to parish office/leaving in parish mailbox.  
MAIL TO Sacred Heart Parish, 540 N Mill St, Eldon MO 65026 or FAX TO 573-392-3493.**