TOTUS TUUS 2024

PARTICIPANT REGISTRATION FORMS

Family Name:				
Parents' Names:			RETURN FORM TO: St. Mary's School or drop in the collection basket	in the collection basket
		:	MAKE CHECKS PAYABLE 10: St. Mary's Church	OFFICE USE ONLY
Address: Street			dren on	Total Due:
City, State, Zip	:		the appropriate fine(s) below:	Total Paid:
Phone: (Home)			per family (3+ kids), Grades 1-6	Check #:
(Cell)			\$ 20.00 per teen, Grades 7-12	
Email:				
Children to be enrolled in TOTUS T	UUS and their gra	ade levels (1-12)	Children to be enrolled in TOTUS TUUS and their grade levels (1-12) for the NEXT SCHOOL YEAR (2024-2025):	
CHILD'S NAME	DATE OF BIRTH	GRADE IN 2024	KNOWN ALLERGIES & MEDICAL INFO WE NEED TO BE AWARE OF	CURRENT MEDICATIONS
General Permission				
I request that my child(ren), place: July 7 – 12, 2024. I hereby release and agree and the Catholic Diocese of Peoria from any and all I afformey fees, arising from claims of any kind or nate	y release and a ria from any an	gree to indemi d all liability, for r nature whats	I request that my child(ren),	y's Parish Hall which takes ees and agents, volunteers, my child or family, including
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Medical Permission Form

grant permission for the administration of First Aid to my child(ren), vent, to sign the necessary releases as may be required, and to make ccidents of a more serious nature. I understand I will be promptly not urgery, except when delay in such communication would endanger lift nade to contact the parent/guardian of the participant. In the event the adult staff to hospitalize, secure proper treatment for, and to orde	by the people in charge of the Totus Tuus vent, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of ill-ness or ccidents 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 urgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be nade 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.
surance Information	
Policy Holder (in the name of)	
Insurance Company:	
Policy Number:	
Identification/Social Security Number:	
Authorized Physician	
Phone #:	
Authorized Hospital:	
Parent/Guardian Signature:	Date:
In case of emergency, when parents can't be reached, please contact:	
Relationship to child:	
Phone #s	
ideo, still photographs and audio recording articipation in videotaping, still photograph iocese of Peoria publications and websites.	ideo, still photographs and audio recordings may be taken during Totus Tuus. This authorization form constitutes permission for my child(ren)'s articipation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic iocese of Peoria publications and websites.
arent/Guardian Signature:	Date: