



TOTUS TUUS 2019

PARTICIPANT REGISTRATION FORM



1ST-6TH GRADE PROGRAM, *JUNE 24-28, 2019*, 9:00 AM-2:30 PM
7TH-12TH GRADE PROGRAM, *JUNE 23-27, 2019*, 7:00-9:00 PM

Space is limited and is available on a first come/first serve basis.

Family Name: _____
Parents' Names: _____
Street Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
E-mail Address: _____
Home Parish: _____

More details will be sent to you via email as the week approaches.

Children to register for Totus Tuus, and their incoming grade level (1-12) for the 2019-2020 school year:

Child's Name:	Date of Birth:	Grade in Fall 2019	Allergies & Medical Info We Need to be Aware of:	Current Medications:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

General Permission

I request that my child(ren), _____, be allowed to attend *Totus Tuus* located at/in **St. Matthew Parish** which takes place: **June 23-28, 2019**. 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.

Parent/Guardian Signature: _____ Date: _____

RETURN ONE FORM PER FAMILY TO:

St. Matthew Parish
Totus Tuus Registration
1303 Lincolnshire Dr.
Champaign, IL 61821

MAKE CHECKS PAYABLE TO:

St. Matthew Parish

Please mark # of children on appropriate line(s) below:

- _____ \$25 per child, grades 1-6
- _____ \$45 per family (2+ kids), grades 1-6
- _____ \$15 per teen, grades 7-12

Please also complete and sign the reverse side. →

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.

Parent/Guardian Signature: _____ Date: _____

Insurance Information:

Policy Holder (in the name of): _____ Insurance Company: _____

Policy #: _____ Identification #: _____

Authorized Physician: _____ Phone #: _____

Authorized Hospital: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact:

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

Relationship to child(ren): _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

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 St. Matthew Parish and the Catholic Diocese of Peoria publications and websites.

Parent/Guardian Signature: _____ Date: _____

WE NEED YOUR HELP!

Please help contribute to the success of *Totus Tuus* by marking one or more of the options below. For more opportunities to help during the program itself, pick up a Volunteer Registration Form from the Parish or School Offices, or from our website: www.stmatt.net/totus-tuus.

_____ I would like to bring lunch for the team by providing (3 or 6) lunches at noon. Circle your day preference: Sun/Mon/Tues/Wed/Thurs/Fri

_____ I would like to invite the team for dinner (either all 6 team members, or 3 team members). Dinner is from 5:15–6:30pm. Circle your day preference: Sat/Sun/Mon/Tues/Thurs/Fri

_____ I would like to host three (female OR male) team members to stay for the week. This includes providing housing from Saturday evening, June 22, through Friday morning, June 28, a breakfast each morning for the two team members at 7:00 AM, and one use of laundry facilities at some point over the course of the week.

OFFICE USE ONLY:

Total Due: _____

Total Paid: _____

Check #: _____

Parish Staff: _____