## **Totus Tuus 2024** PARISH REGISTRATION FORM

For Office Use Only: Total Due: Total Paid:\_\_\_\_\_ Check #:

Parent/Guardian Phones:

The Totus Tuus Day Program is for children in grades 1-6. It runs from 9am-2:30pm, Monday June 10th-Friday June 14th. Students are asked to bring their own packed lunch and drink. We need both adult and teen volunteers to help with our day program (Signups on 2nd page). Teens are required to attend the evening program in order to volunteer during the day program (cost of evening program is waived for teen volunteers).  The Totus Tuus Evening Program is for teens in grades 7-12. It runs from 6:30pm-8:15pm, Sunday June 9th-Thursday June 13th. Our Totus Tuus team provides an amazing experience of fun, faith and fellowship for our teens!	Return form to: Epiphany Catholic Church (Parish Office, Sunday Collection)  Make checks payable to: Epiphany Catholic Church Please mark the appropriate line(s) below: \$30 1 child, Grades 1-6 \$80 2 children, Grades 1-6 \$80 3+ children, Grades 1-6 \$10 per teen, Grades 7-12 (day volunteers required to attend attend evening, cost waived for volunteers)  *T-shirts available for purchase at camp; not included in camp cost this year*
Family Name: Email:	

Children to be enrolled in Totus Tuus and their grade levels (1-12) for the NEXT YEAR (2024-2025) of school:

Child's Name	DOB	Grade	Allergies & Medical Info We Need to be Aware of	Current Medications	

Home Address: \_\_\_\_\_\_ Other Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

<b>General Permission</b>					
I request that my child(ren),		, be allowed to attend Totus Tuu	s located at/in		
Epiphany Catholic Church and School wl	nich takes place June 9th-14th, 20	024. I hereby release and agree to indemnify and hold h	armless the		
parish, its staff and their employees and	d agents, volunteers, and the Cat	holic Diocese of Peoria from any and all liability, for inju	ies, damages,		
medical expenses or any other loss to n	ny child or family, including attori	ney fees, arising from claims of any kind or nature whats	oever from my		
child's participation in this event.					
Medical Permission Form					
necessary releases as may be required, a more serious nature. I understand I will major surgery, except when delay in suc will be made to contact the parent/guar	and to make the necessary referr be promptly notified in the event h communication could endange dian of the participant. In the eve	child(ren) by the people in charge of the Totus Tuus ever als to qualified physicians for the treatment of illness or t of any serious illness or accident and prior to any medi r life. In the case of a medical emergency, I understand t ent that I cannot be reached, I hereby give permission to d to order injection, anesthesia, or surgery if deemed no	accidents of a cal transport or hat every effort of the physicians		
Videotaping and Still Photographs					
	graphs, and/or audio recordings,	s Tuus. This authorization form constitutes permission f which may be used for future promotional efforts, inclu	. , ,		
Parent/Guardian Signature:		Date:			
Insurance Information					
Policy Holder (in the name of):		Insurance Company:			
Policy Number:	Identification Nu	Identification Number:			
Physician	Phone #:	Preferred Hospital:			
Please Help! Totus Tuus relies on the s	upport of our amazing families -	thank you for making this program possible!			
I would like to bring lunch for the team one day by providing 4 lunches at noon.		needed for this program - please sign up to			
I would like to invite the team (2 dinner one evening.	nen and 2 women) over for	volunteer for a shift in the <u>Sign Up Genius Link</u>			
anner one evening.		Sign up to bring snacks for the program <u>here</u>			