

# TOTUS TUUS PARISH REGISTRATION FORM

Name of Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name(s) of Child(ren)	Allergies, Medications & Dosage, Medical Conditions, Food Restrictions	Grade in 2018-19

**ADDITIONAL EMERGENCY CONTACT INFORMATION:** 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 \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Medical Authorization:**

I understand that the Catholic Diocese of Wichita and Totus Tuus 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, 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 Arch/Diocese of \_\_\_\_\_ 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 Arch/Diocese of \_\_\_\_\_ 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:**

\_\_\_\_ YES, I hereby authorize the Catholic Diocese of Wichita 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 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 Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_