

St. Peter Parish Totus Tuus 2021



Elementary 6/14-6/18 9:00am-3:00pm
(Entering grade 1 through entering grade 6 fall of 2021)

MS & HS 6/13-6/17 7:00-9:00 pm
(Entering grade 7 through entering grade 12 fall of 2021)

Registration Fee \$15.00 per child or \$40 per family

Checks may be made out to St. Peter Parish. Registration may be turned in to RE Office, School Office, or in the offertory during Mass by **May 15, 2021**

Parent 1 Name _____
Cell Phone _____ Email _____
Address _____
City _____ Zip _____ Work Phone _____

Parent 2 Name _____
Cell Phone _____ Email _____
Address _____
City _____ Zip _____ Work Phone _____

Emergency Contact Name in the event that a parent can't be reached

Relation to Child _____
Home Phone _____ Cell Phone _____ Work Phone _____

Child #1
Child's Name _____ Gender _____
Age _____ Fall of 2021 Entering Grade _____

Circle T-shirt size YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

Allergies, Medical Conditions, or Food Restrictions _____

Child #2

Child's Name _____ Gender _____

Age _____ Fall of 2021 Entering Grade _____

Circle T-shirt size YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

Allergies, Medical Conditions, or Food Restrictions _____

Child #3

Child's Name _____ Gender _____

Age _____ Fall of 2021 Entering Grade _____

Circle T-shirt size YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

Allergies, Medical Conditions, or Food Restrictions _____

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this Totus Tuus and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the Totus Tuus Team, or other associated volunteers of the Totus Tuus program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, Parish and/or Organization from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the Totus Tuus.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the Totus Tuus week or for future advertisement of Parish Totus Tuus programs. Any other use will require your further consent.

Parent Signature _____
Date

I would like to help with Totus Tuus Yes _____ No _____

Name _____ Email address _____