

Totus Tuus Registration Form:

Activity: Totus Tuus, Holy Family Catholic Church, Woodruff, WI

Totus Tuus is a summer catechetical program based on Eucharistic and Marian devotion, which involves attendance at mass, games, skits, songs, and other activities.

Dates and Times:

July 15-July 19 9 am until 2:30 pm Students entering 1st - 6th grade
July 14-July 18 7 pm until 9:15 pm Students entering 7th - 12th grade

Method of transportation: Parent/Guardian **Student cost:** No cost

Name	Grade in School	Gender	Special Medical/Dietary Needs (please explain below)
		M F	
		M F	
		M F	
		M F	
		M F	

Family Address: _____ Home phone: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Email: _____ Father's Email: _____

Emergency contact person: _____

Phone number(s) of emergency contact: _____

In the space below, please explain any special medical or dietary needs your child(ren) may have (including allergies, dietary restrictions, current medications/dosages, recent surgeries or serious illnesses, and any other special needs):

Please supply all of the information requested below:

Health Insurance Company: _____ Policy # : _____

Family physician or clinic: _____ Phone: _____

Family dentist: _____ Phone: _____

Emergency and Incidental Medical Treatment

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

I further understand that if I cannot be reached, or if the emergency contact that I have listed above cannot be reached, and my child/ward is in need of immediate medical care, Holy Family/Diocese of Superior/Marquette reserves the right to make a temporary decision that is in the best interest of my child/ward until such a time when I can be reached.

I verify that all of the information for my child/ward listed above is correct and current to the best of my knowledge at the time of the event described above. I have indicated all potential health issues for my child/ward (including medications and any special dietary needs).

I consent to the participation of my child/ward in the above named activity. In consideration for my child/ward's participation, I agree to reimburse and indemnify the above named parish/Diocese of Superior (DOS) for all reasonable legal and court fees incurred by parish/DOS in defending a lawsuit that I or my child/ward may bring against the parish/DOS which relates to the above named activity if the parish/school/DOS is found not legally liable by the courts and prevails in the lawsuit. If the parish/DOS is found legally liable for the injuries sustained by my child/ward, this paragraph will not apply. I further agree to reimburse the diocese or any other agency for property damage or any bodily harm to other participants caused by my child/ward.

I certify that I have an understanding of this agreement, as well as the risks and hazards associated with the activity (including illness, injury and the rare possibility of death) described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/DOS to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/guardian signature: _____ **Date:** _____

*I give permission for Holy Family/Diocese of Superior to use my child's name/photo for promotional purposes.
Initial _____

*I give permission to chaperones of this event from the Holy Family/Diocese of Superior to distribute non-prescription/ over-the-counter medications and treatments to my child/ward such as, but not limited to: applying minor bandages and first-aid ointments or sprays, ice or heat compresses, dispensing of non-aspirin pain relievers, cough drops or syrups, and antacids and the like. **Initial** _____