

# TOTUS TUUS REGISTRATION FORM

## PARTICIPANT INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

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

Name of Child(ren)	Allergies, Medications, Dosage, Special Needs	Grade in 2020-2021

*There is a \$10 Registration Fee per Child to help cover the cost of lunches during the week.*

*I am VIRTUS trained and will volunteer to assist during the children's program on the following day(s):* \_\_\_\_\_

*I will provide a snack/drink for all the kids to share during the program.*

*I will provide an evening meal for the Totus Tuus Team (8 people) on (Sat – Thurs):* \_\_\_\_\_

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 \_\_\_\_\_

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

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### RELEASE OF LIABILITY FOR YOUTH AND ADULTS:

I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Jefferson City 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 Diocese and Totus Tuus, its leaders, employees and volunteer staff from any and all claims arising from or in connection with attending this event.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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## 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 Jefferson City or its chaperones/representatives.

\_\_\_\_\_ **Parent Initial**

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## PHOTO RELEASE

I hereby authorize the Catholic Diocese of Jefferson City and Totus Tuus and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Jefferson City. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Jefferson City 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.

\_\_\_\_\_ **Parent Initial**

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## MEDICAL AUTHORIZATION

I understand that the Catholic Diocese of Jefferson City 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.

\_\_\_\_\_ **Parent Initial**

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 my child.

\_\_\_\_\_ **Parent Initial**

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## REGARDING COVID-19

To the best of my knowledge, my child is suitable to participate in the parish activity. In particular, I know of nothing in my child's background that would have exposed him/her to COVID-19, nor is he/she experiencing symptoms that may be associated with COVID-19. I further understand that if I believe my child has been exposed to COVID-19, or is experiencing symptoms associated with COVID-19, he/she shall immediately cease engaging in the parish activity and I shall notify the Pastor of the Parish.

\_\_\_\_\_ **Parent Initial**

I understand that if my child has any medical condition that may be affected by the parish activity, I will seek a medical consult for my child prior to him/her participating in the Volunteer Activities and I agree, on behalf of my child, that he/she will follow the advice of their doctor regarding whether they may participate in the parish activity and whether there are any conditions or limitations to such participation. If there are conditions or limitations, I will communicate this to the Pastor of the Parish.

\_\_\_\_\_ **Parent Initial**

I understand that, as with any physical activity and with this parish activity during this COVID-19 pandemic, there is a risk of sickness, injury or death to my child and I accept this risk on behalf of my child. More specifically, I understand that through the parish activity, my child could be exposed to COVID-19. Knowing this, I agree to hold harmless the Parish, the Diocese of Jefferson City and its and their respective officers, directors, members, employees, agents from any and all damages my child may incur arising out of participating in the parish activity.

\_\_\_\_\_ **Parent Initial**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_