

# Totus Tuus 2024

## Participant registration form

Family Name: \_\_\_\_\_  
Parents' Names: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone : Home \_\_\_\_\_  
Cell \_\_\_\_\_  
Email: \_\_\_\_\_

Return Form to: Blessed Sacrament Parish Office/Religious ED office
Make checks payable to: Blessed Sacrament Church
Please mark number of Children on the appropriate line(s) below: _____\$30 per child, Kindergarten _____\$40 per child, Grades 1-6 _____\$90 max per family(3+kids), Grades K-6 _____\$15 per teen, Grades 7-12
<b>OFFICE USE ONLY</b> Total Due: Total Paid: Check #:

### Children to be enrolled in Totus Tuus and their grade level (K-12) for the next year of school:

Child's Name	Date of Birth	Grade in fall 2024	known allergies or medical info we need to know of	current medications
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### General Permission:

I request that my child(ren), \_\_\_\_\_, be allowed to attend Totus Tuus located at **Blessed Sacrament in Morton, IL**, which takes place: **the week of June 9—June 14**. I hereby release and agree to indemnify and hold harmless the parish, its staff and their employees and agents, volunteers and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses, or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this event.

### Medical Permission Form

I grant permission for the administration of First Aid to my child(ren), \_\_\_\_\_, by the people in charge of the Totus Tuus event, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

### Insurance Information

Policy Holder (in the name of): \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Identification/Social Security Number: \_\_\_\_\_  
Authorized Physician Phone #: \_\_\_\_\_  
Authorized Hospital: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
In case of emergency, when parents can't be reached, please contact: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone #s \_\_\_\_\_

### Videotaping and Still Photographs

Video, still photographs and audio recordings may be taken during Totus Tuus. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please Help!

- I would like to bring a snack for the day session.
- I would like to bring lunch for the team by providing 4 lunches at noon.
- I would like to invite the team for dinner (2 men and 2 women)

Dinner is from 5:00-6:00 (Missionaries need to return to the parish by 6:20 PM)