

# TOTUS TUUS 2017 REGISTRATION FORM

## July 17th-21th, 2017

Please attach payment of \$20 per child or \$50 per family of 3 or more  
Make checks payable to St. Thomas Aquinas Catholic Church

OFFICE USE ONLY

Fee Paid \_\_\_\_\_

Date Paid \_\_\_\_\_

Check \_\_\_\_\_ Cash \_\_\_\_\_

Sign up by June 1st  
to receive a TT  
T-shirt!

### FAMILY INFORMATION (Please print)

NAMES OF PARENTS/GUARDIANS \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Name(s) of Child(ren)	Allergies, Medications, Medical Conditions	School	FALL 2017 Grade	T-shirt size (sign up by 6/1/17)
				YS YM YL YXL or S M L XL
				YS YM YL YXL or S M L XL
				YS YM YL YXL or S M L XL
				YS YM YL YXL or S M L XL
				YS YM YL YXL or S M L XL

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 Permission for Youth and Adults

I grant permission in the event I/my child is injured or becomes ill for medical care to be administered to me/my child and to use my/our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

#### Permission of 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 my child.

#### Release of Liability for Youth and Adults

The undersigned do hereby release, forever discharge and agree to hold harmless the Office of Religious Education, Totus Tuus, St. Thomas Aquinas parish, and the Catholic Diocese of Wichita from and against any and all kind of liability, claims, demands, lawsuits, and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or the undersigned's minor child.

The undersigned further agree to indemnify and hold harmless the Office of Religious Education, Totus Tuus, St. Thomas Aquinas parish, and the Catholic Diocese of Wichita and its respective members, officers, directors and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the event named.

#### 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/my child fail(s) to abide in any way by the rules, that I/my child can be dismissed from the event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from the Diocese or its chaperones/representatives.

#### Catholic Diocese of Wichita Permission to Publish

In an attempt to share information concerning the outstanding accomplishments of our youth, we will write articles, produce videos, and provide pictures for publication in various media, including, but not limited to, the Totus Tuus and diocesan Internet websites, an independently produced DVD, and the Catholic Advance. To include your child and his/her work in this publicity, we must have your written permission. You have the right to revoke permission at any time. Please Check Below:

\_\_\_\_\_ I grant permission to the Diocese of Wichita and Totus Tuus to use the pictures and video of my child/children in positive media presentations.

\_\_\_\_\_ I DO NOT grant permission to the Diocese of Wichita and Totus Tuus to use the pictures and video of my child/children in positive media presentations.

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

PLEASE RETURN COMPLETED FORMS TO THE CHURCH OFFICE

## 2017 Totus Tuus Volunteer Sign Up

**Please check the areas you are available to help and circle the days you are available.  
Include your email so we can contact you, please.**

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Name	Email	Phone
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Name	Email	Phone
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\_\_\_\_\_ **Serve snacks and drinks, lunch, and clean up:** Individuals helping with this will need to be available at 11:30 to help set up for lunch, afternoon drink break and afternoon snack break; monitor these breaks, and clean up after these breaks. **\*\*Day volunteers must be VIRTUS certified.**

Monday	Tuesday	Wednesday	Thursday	Friday
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\_\_\_\_\_ **Provide Nursing care during the day program:** Be an onsite assistant to the directors to provide first aid for campers. Please select days and morning or afternoon times that you are available.

Monday	Tuesday	Wednesday	Thursday	Friday
AM    PM	AM    PM	AM    PM	AM    PM	AM    PM

\_\_\_\_\_ **Provide lunch for the Totus Tuus team:** Individuals providing lunch are asked to prepare or bring in a lunch to feed about 14 individuals. It is very helpful if the lunch is brought into the cafeteria no later than 11:30 AM.

Monday	Tuesday	Wednesday	Thursday	Friday
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I would like to provide lunch with the following people: (list) \_\_\_\_\_

\_\_\_\_\_ **Provide dinner for the Totus Tuus team:** Dinner should be available to the team at 5:30 PM for approximately 9 people. You may prepare and serve the meal (preferred), have the food brought in, or take the team out to eat. The team will need to be finished with dinner no later than 7 PM.

Sunday	Monday	Tuesday	Wednesday	Thursday
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\_\_\_\_\_ **Provide housing accommodations for 2 Totus Tuus team members:** Team members will arrive the afternoon/evening of Saturday July 15th and depart Friday, July 21st. You are asked to provide a light continental breakfast for the team members throughout the week.