



Totus Tuus Registration

July 1st – 6th at Trinity Catholic Academy



LaSalle
Catholic Parishes

Grade School Program (grades 1 – 6)
Monday – Friday 9am – 2:30pm
\$30/Child

Junior High & High School Program (grades 7 – 12)
Sunday – Thursday 7pm – 9pm
\$15/Teen

(Family Maximum \$50) Please contact the Parish office if you need financial assistance.

Participant (Please Print Clearly)

Grade (as of this coming fall)

Parent / Guardian (Please Print Clearly)

Telephone (where parent can be reached during event)

Emergency Contact (Please Print Clearly)

Telephone (where contact can be reached during event)

Student Agreement / Code of Conduct

While participating in Totus Tuus, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively and will follow the supervisor’s directions at all times. I understand that the parish has the right to terminate my participation in this event at any time if my conduct is not appropriate and/or if I fail to follow the supervisor’s directions. I understand if I am removed from this event my parents are responsible transportation from the parish

Signature of Participant

Date

Medical Information

Does the student have any known allergic reactions or chronic illnesses? Yes No

If yes, please describe: _____

List any medications the student is presently taking: _____

Will the student need any medication during Totus Tuus? Yes No

If yes, please describe: _____

Name of Insurance Company: _____ Policy # _____

Name of Primary Physician: _____ Physician’s Phone # _____

I, the Parent / Guardian listed above understand that in the case of illness or injury to my Child listed above, the parish will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor’s office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent / Guardian

Date



Publicity

On occasion, the parish named above takes photographs or makes an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in parish publications or advertising materials to let others know about the parish. Also, local news organizations may learn about the parish's activities or events, and the parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the parish see fit.

I hereby expressly grant to the parish named above and/or the Diocese of Peoria the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the parish and its programs, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

Signature of Parent / Guardian

Date

Permission and Authorization

I request that my child be allowed to participate in Totus Tuus at the LaSalle Parishes. I understand that this event exposes my child to unpredictable risks and dangers. If emergency medical treatment is required due to accident, injury or illness, and I cannot be reached immediately, I hereby empower parish officials to exercise their discretion to transport my child to a hospital emergency room or other medical facility for treatment and to sign any releases that may be required in order to obtain medical treatment for my child.

Signature of Parent / Guardian

Date

Parental Assistance

Will you be able to assist the Totus Tuus team in a background support role during the event? Yes No
If yes, please indicate days and times available: _____

TOTUS TUUS
"TOTALLY YOURS"

