

# TOTUS TUUS 2017

## YOUTH VOLUNTEER REGISTRATION FORM

1ST—6TH GRADE PROGRAM, Monday-Friday, 9am-2:30pm  
7TH—12TH GRADE PROGRAM, Sunday-Thursday, 7-9pm

RETURN ONE FORM PER  
VOLUNTEER TO:

LaSalle Catholic Parishes  
725 Fourth St., LaSalle, IL 61301  
parishoffice@lasallescatholic.org

**WHO:** Youth (incoming 7th—12th graders)

All youth volunteers (under 18) must complete the Parent/Guardian Permission Form on the back of this page.

**WHEN:** July 23-28, 2017

First & Last Name: \_\_\_\_\_ Parents' Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Parents' Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Parents' E-mail: \_\_\_\_\_

Birth date (MM/DD/YY): \_\_\_\_\_ Grade Level in Fall 2017: \_\_\_\_\_ School: \_\_\_\_\_

Pertinent Medical Conditions: \_\_\_\_\_

# DIOCESE OF PEORIA PERMISSION FORM YOUTH VOLUNTEER ACTIVITY: TOTUS TUUS

**Name of Youth Volunteer:** \_\_\_\_\_

## **PART I: Liability Waiver**

I, the parent and/or legal guardian, of the child(ren) registered by me, hereby give my permission for his/her participation in the youth activity named above. I agree to direct my child(ren) to cooperate and conform with directions and instruction of parish, school, and/or Diocesan personnel responsible for youth activities.

As the parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named student. In consideration of my child being allowed to participate in this activity, I hereby release and agree to indemnify and hold harmless, the Diocese of Peoria, the parish, teachers, chaperones, volunteers, or representatives associated with the event, and their employees and agents, from any liability for injuries, damages, medical expenses, or any other loss to my child, family, or me (including attorney's fees) arising from or related to my child's participation in this activity.

\_\_\_\_\_  
Print Name of Parent/Guardian

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

\_\_\_\_\_  
Date

## **PART II: Publicity Waiver**

Video, still photographs, and audio recordings may be taken during Totus Tuus. This authorization form constitutes permission for my child's participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria and/or St. Matthew Parish publications, websites, and advertising materials. In addition, local news organizations may be allowed to photograph or record our events to be used, distributed, or displayed as agents of the parish and/or diocese as the parish and/or diocese 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 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 for the purpose of publicizing, fostering and promoting the parish and/or diocese and its programs, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

\_\_\_\_\_  
Print Name of Parent/Guardian

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

\_\_\_\_\_  
Date

## **PART III: Medical Waiver**

I grant permission for the administration of First Aid to my child, \_\_\_\_\_, 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 firstly, then the emergency contact listed below when I cannot be reached. 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.

\_\_\_\_\_  
Print Name of Parent/Guardian

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

\_\_\_\_\_  
Date

## **Insurance Information:**

Policy Holder (in the name of): \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Identification #: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Authorized Hospital: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Emergency Contact:**

In case of emergency, when parents can't be reached, please contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CODE OF CONDUCT FOR YOUTH VOLUNTEERS OF TOTUS TUUS

***Parents/Guardians: please read, review, and sign with your student, and return this code of contact, along with the volunteer's registration form for the evening program, to the Parish Office.***

Welcome! And thank you for volunteering your time for Totus Tuus! We hope to provide the participants of the Totus Tuus day program a fun and positive experience they will remember for many years to come. To help us provide a safe, secure, and enriching environment for participants, all youth volunteers are expected to follow the Code of Conduct and to interact appropriately and productively at all times.

As a part of our program, Totus Tuus and our school/parish wish to promote and teach responsibility and respect. This Code of Conduct has been created to encourage all youth volunteers to foster these traits. Please take time to read and understand the following expectations.

I, \_\_\_\_\_, understand that by registering to volunteer for the Totus Tuus Day program, which runs from \_\_\_\_\_ at \_\_\_\_\_, I also will attend the Totus Tuus evening program at \_\_\_\_\_ as a participant, which runs from \_\_\_\_\_. I will complete a participant registration form for the evening program in order for this youth volunteer form to be accepted.

As a youth volunteer I will:

- ◇ Exhibit Christ-like behavior at all times.
- ◇ Show respect to other volunteers, to the campers, and to myself.
- ◇ Show respect to parish staff and the Totus Tuus team, cooperating fully with their instructions to the best of my ability.
- ◇ Communicate in an appropriate manner, refraining from using foul language or gestures.
- ◇ Wear modest dress.
- ◇ Use program equipment, supplies, and facilities properly.
- ◇ Refrain from using personal electronic devices during camp.
- ◇ Remain with the camp group and area in which I have been assigned and not leave camp without permission.
- ◇ Refrain from inappropriate physical contact, which is not acceptable and will not be tolerated.
- ◇ Refrain from harsh actions and words, which are not acceptable and will not be tolerated.

Minor incidents of breaking the code of conduct will be brought to the youth volunteer's attention and suggestions will be made on how to correct behavior. Continued violation will result in a notification of the parent. The parish staff and Totus Tuus team will seek parental support to resolve issues and to encourage positive program participation. Youth Volunteers who remain disruptive after consultation with the parents may be dismissed from camp.

Youth Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_