

“TOTUS TUUS” YOUTH SUMMER CAMP

July 7 – July 12, 2019

Held @ St. Peter Cathedral – **OPEN TO ALL STUDENTS**

Registration Form:

NAME OF PARENTS/GUARDIANS: _____

STREET ADDRESS: _____ CITY: _____

TELEPHONE:

Home: (____) _____ Work: (____) _____ Cell: (____) _____

E-MAIL (only if you regularly check e-mail) _____

NAME OF PARISH: _____

*Grade level for the **2019 - 2020** school year*

CHILD NAME:	*GRADE:	Catholic?	Baptized?	1 st Eucharist?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Would you be willing to:

Provide snack(s) _____ Organize snacks? _____

Be a classroom helper (any availability welcomed)? _____ Are you VIRTUS trained? _____

Be a lunchtime/recess helper (any availability welcomed)? _____ Are you VIRTUS trained? _____

COST: \$20 per child or \$30 per family (Make checks payable: St. Peter Cathedral)

(Please return this form and payment to the St. Peter Cathedral Offices by June 30th) OVER →

Emergency Contact: _____ Relationship to participant(s): _____

Contact Home Phone: _____ Contact Work or Cell Phone: _____

Insurance Company: _____ Policy #: _____

Physician Name: _____ Phone: _____

List any Allergies/Medications/Medical Concerns, including food allergies:

Does your child(ren) have any special needs that the staff should be made aware of? _____ If so, what extra assistance or accommodations are needed?

Individuals Authorized to pick up my Child(ren) are: _____

I understand that I, _____, or one of the individuals named above must come into the premises to pick up my child(ren) after each daily session. Students will only be released to authorized individuals who come into the premises to pick up child(ren) regardless of age.

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 for 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 St. Albert the Great Parish, and all participating parishes, Totus Tuus, and the Catholic Diocese of Marquette 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 St. Resurrection Parish, and all participating parishes, Totus Tuus and the Catholic Diocese of Marquette 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 the 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.

Signature of Participant _____ **Date** _____

Signature of Parent/Guardian * _____ **Date** _____

*Required if participant is under 18