

TOTUS TUUS

Middle School/ High School Registration

July 21-25, Sunday thru Thursday

7:30pm-9:00pm in the school GYM

\$5/Session or \$20 Registration (Checks payable to St. Gerald)

(Welcome one or all five evenings)

Scholarships available with written request to Deb True

Parent/Guardian Name _____

Address _____ City _____ zip _____

Parent Email _____ cell _____

Students enrolling in Totus Tuus:

Name	Grade (Fall'19)	Medical issues	Parish
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**Has your child already attended Totus Tuus this summer Yes/No

**Additional emergency Information, should a parent not be available:

Name _____ phone _____

** for more information, please contact Deb True, dltrue@stgerald.org or call 402-331-1955

Archdiocese of Omaha Permission to Publish

Please read and sign:

_____ I grant permission to the Archdiocese of Omaha and Totus Tuus to use the pictures/vide, etc of my student/s in a media presentation.

**OFFICE OF TOTUS TUUS
ARCHDIOCESE OF OMAHA**

Medical/Liability Release Form (Revised March 2010)
PLEASE PRINT IN INK:

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ e-mail _____ Birth date ____/____/____ (circle one) M F

Emergency Contact # 1 _____ Relationship to participant _____

Contact Home Phone _____ Contact Work Phone _____

Emergency Contact # 2 _____ Relationship to participant _____

Contact Home Phone _____ Contact Work Phone _____

Insurance Company _____ Policy # _____

Physician Name _____ Phone _____

List any Allergies/Medications/Medical Concerns, including food allergies: (Contact wearer: Yes No) _____

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 archdiocesan 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 Vocations/Totus Tuus and the Archdiocese of Omaha 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 Vocations/Totus Tuus and the Archdiocese of Omaha 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 archdiocese or its chaperones/representatives.

Signature of Participant _____ Date _____

Signature of Parent/Guardian* _____ Date _____

*Required if participant is under 18