

TOTUS TUUS CATHOLIC VACATION BIBLE SCHOOL

St. Elizabeth Ann Seton Parish **Registration Form**

☐ **Children program:** 9 am – 3 pm (incoming 1st - 6th Grade) St. Mary Campus, Primary School Building. Date: _____

☐ **Teen Program:** 7:30pm to 9:45pm (7th - 12th Grade) Holy Family Church Campus, Teen Center at Newman House. Date: _____

Name of Parents/Guardians: _____

Address: _____

Email: _____ Primary contact _____

Primary Cell Phone: _____ Work Phone: _____

Name(s) of Child(ren) Attending *Totus Tuus* (Also list their incoming 1st- 6th grade):

Allergies, Medications & Dosage, Medical Conditions for each child: _____

Food Restrictions: _____

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 of Emergency contact: _____ Phone Number: _____

Name of Family Physician: _____ Phone Number: _____

Insurance Company & Policy # _____

Medical Authorization: I understand that the Catholic Archdiocese of Indianapolis and *Totus Tuus* assume no responsibility for accidents which may occur in association with diocesan events and activities. I agree to use my/our personal insurance to cover any such incidents. I understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia, or surgery for Participant as deemed necessary.

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 Participant.

Release of Liability for Youth and Adults: I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Wichita and *Totus Tuus* and its employees and agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Catholic Diocese and *Totus Tuus*, its leaders, employees and volunteer staff from any and all claims arising from or in connection with attending this event.

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

Photo release: ☐ **YES**, I hereby authorize the Catholic Diocese of Wichita and *Totus Tuus* and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Wichita. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Wichita and *Totus Tuus* and its agents from any and all responsibility of liability. I understand that I will receive no compensation should any photograph and/or video of me or my child be used.

Signature of Parent/Guardian

Date