

TOTUS TUUS 2021

St. Vincent de Paul Participant Registration Form

Family Name: _____
 Parents' Name: _____
 Address: Street _____
 City, State, Zip _____
 Phone: (Cell) _____
 Email: _____

Grades 1-6 - June 21-25 **Grades 7 -12 – June 20-24**

Return form to: SVdP Parish Office -- 309-691-3602

Make Checks Payable to: St. Vincent de Paul

Please mark # of children
 on appropriate lines below:

___ \$30 per child, Grades 1-6

___ \$60 per family (3+kids), Grades 1-6

Office Use Only

Total Due: _____

Total Paid: _____

Check #: _____

CHILD'S NAME	DATE OF BIRTH	GRADE LEVEL IN FALL	KNOWN ALLERGIES & MEDICAL INFO WE NEED TO BE AWARE OF	CURRENT MEDICATIONS

Approved Pick-Up: Please list those individuals other than parents who are approved to pick up your child(ren):

Name: _____ Phone: _____

Name: _____ Phone: _____

General Permission

I request that my child(ren), _____, be allowed to attend Totus Tuus located at/in St. Vincent de Paul Parish which takes place June 20-25, 2021 . I hereby release and agree to indemnify and hold harmless the parish, its staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this event.

Parent/Guardian Signature: _____ Date: _____

(OVER)

Medical Permission Form

I grant permission for the administration of First Aid to my child(ren), _____, 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 ill-ness 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. 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.

Parent/Guardian Signature: _____ Date: _____

Insurance Information

Policy Holder (in the name of): _____

Insurance Company: _____

Policy Number: _____

Identification Number: _____

Authorized Physician _____ Phone #: _____

Authorized Hospital: _____

** All medications except inhalers must be turned into Totus Tuus volunteers to be kept in a secure location. Please notify the parish coordinator about any serious conditions that require close supervision.*

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: Please list a secondary contact other than parents to be contacted in the event of an emergency:

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Videotaping and Still Photographs

Video, still photographs and audio recordings may be taken during Totus Tuus. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including St. Vincent de Paul and the Catholic Diocese of Peoria publications and websites.

Parent/Guardian Signature: _____ Date: _____

Please Help!

___I would be able to donate or 8 oz bottles of water, juice, lemonade or Gatorade.

___I would be able to donate an individually wrapped snack to share (i.e. pretzels, popcorn, crackers, cookies, etc.)

___I would be able to provide lunch for the Totus Tuus team (5 young adults).

___I would be able to have the Totus Tuus team over for dinner one night (dinner is at 5:15pm).

