TOTUS TUUS 2026

PARTICIPANT REGISTRATION FORMS

TOTUS TUUS PEORIA

Office Use Only

Total Due:

Total Paid:

Check #:

Family Name: _____

Parents' Names: _____

Address: Street _____

City, State, Zip _____

Phone: (Home) _____

(Cell) _____

Email: _____

Return form to:

Make checks payable to:

Please mark # of children on appropriate line(s) below:

50 $ per child, Grades 1-6

120 $ per family (3+ kids), Grades 1-6

20 $ per teen, Grades 7-12

Children to be enrolled in Totus Tuus and their grade levels (1-12) for the NEXT YEAR (2026-2027) of school:

CHILD'S NAME	DATE OF BIRTH	GRADE IN 2026	KNOWN ALLERGIES & MEDICAL INFO WE NEED TO BE AWARE OF	CURRENT MEDICATIONS

General Permission

I request that my child(ren), _____, be allowed to attend Totus Tuus located at/in St. Vincent de Paul Catholic Church which takes place: July 5th - Jiuly 10th. 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.

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.

Insurance Information

Policy Holder (in the name of): _____

Insurance Company: _____

Policy Number: _____

Identification/Social Security Number: _____

Authorized Physician: _____ Phone #: _____

Authorized Hospital: _____

Parent/Guardian Signature: _____ Date: _____

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

Relationship to child: _____ Phone #s_____

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 the Catholic Diocese of Peoria publications and websites.

Parent Signature: _____ Date: _____

Please Help!

_____ I would like to bring a snack for the day session.

_____ I would like to bring lunch for the team by providing 4 lunches at noon.

_____ I would like to invite the team for dinner (2 men and 2 women) Dinner is from 5:00-6:00pm