

St. Rita Catholic Church
TOTUS TUUS - 2016 Registration Form

Parent /Guardian Family Name: _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell or Work Phone:** _____

If someone other than parent will be picking up this child(ren), please list their name and phone number:

Name: _____ **Phone:** _____

In case of an emergency – person, other than parent, who can be contacted to pick up child(ren):

Name: _____ **Relationship:** _____

Home phone: _____ **Cell phone:** _____

1. Child's name: _____ Birth date: _____ Grade (fall 2016): _____

Health issues and /or needs medication*: _____

2. Child's name: _____ Birth date: _____ Grade (fall 2016): _____

Health issues and /or needs medication*: _____

3. Child's name: _____ Birth date: _____ Grade (fall 2016): _____

Health issues and /or needs medication*: _____

4. Child's name: _____ Birth date: _____ Grade (fall 2016): _____

Health issues and /or needs medication*: _____

I hereby give permission for my child(ren) ward(s) to participate in Totus Tuus at St. Rita Church in Rockford, IL, **June 12-16, 2016** (middle and high school), **June 13-17, 2016** (elementary).

I hereby release and indemnify the Diocese of Rockford and its Bishop, St. Rita Church, the staff and volunteers, and the Totus Tuus team from all claims for personal injuries or property damage that my chil(ren) may suffer while participating in this program, unless they result from willful misconduct.

Signature of Parent / Guardian: _____

I hereby give permission for any photographs which include my child(ren) to be used in various parish communications and in the diocesan newspaper: **Yes:** _____ **No:** _____ **Initial:** _____

___ I would be able to help at lunchtime (12-1 pm) during one or more of the daytime sessions.

___ I would be able to bring Kool-Aid / Lemonade mix.

___ I would be able to provide lunch for the Totus Tuus team (4 young adults)

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

___ I would be able to bring a package of cookies to share for snack.

COST: Grades 1-6: \$25 per child, Grades 7-12: \$10 per child; maximum \$50 per family.

Please make checks payable to **St. Rita Church**. Amount enclosed: _____

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