

SCA TOTUS TUUS NIGHTS REGISTRATION FORM

Name of Parents/Guardians _____

Address _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name(s) of Child(ren)	Allergies, Medications & Dosage, Medical Conditions, Food Restrictions	Grade in 2018-19

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.

Emergency Contact Name _____ Phone Number _____

Name of Family Physician _____ Phone Number _____

Insurance Company _____ Policy # _____

Medical Authorization:

I understand that the Archdiocese of St. Louis 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.

Release of Liability for Youth and Adults:

I understand all reasonable safety precautions will be taken at all times by the Archdiocese of St. Louis 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 Archdiocese of St. Louis or its chaperones/representatives.

Photo release:

____ **YES**, I hereby authorize the Archdiocese of St. Louis and Totus Tuus and its agents to utilize photographic and/or video images of me or my child by the Archdiocese of St. Louis. In giving my consent, I hereby indemnify and hold harmless the Archdiocese of St. Louis 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 _____

* Drop off or mail completed form to Jackie Stewart in the Religious Education office before July 13th or bring to the first night of attendance to Totus Tuus. All attendees must have waiver completed.