

Totus Tuus Registration Form

Name of Parents/Guardians _____

Address _____ Email _____

Best Phone _____ Alternate Phone _____

Student's Name	Allergies, Medications & Dosage, Medical Conditions, Food Restrictions	Grade This Fall

ADDITIONAL EMERGENCY CONTACT INFORMATION: Name & phone of an adult to reach in case of emergency, in the event you can't be reached at the numbers above. Name _____ Phone _____

Family Physician _____ Phone _____

Insurance Company _____ Policy # _____

Medical Authorization:

I understand that the Catholic Diocese of Pueblo & Totus Tuus assume no responsibility for accidents which may occur in association with diocesan events & 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 persons 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, &/or order injections, anesthesia, or surgery for Participant as deemed necessary.

Permission for Other Medical Treatment:

_____ **YES**, in the event it comes to the attention of the Diocesan &/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 & Students:

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

Code of Behavior for Youth & Adults:

I agree to abide by &/or instruct my child to abide by all rules & 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 & sent home immediately at my/Participant's expense with no right of reimbursement or refund of any amount in connection therewith from the Catholic Diocese of Pueblo or its chaperones/representatives.

Photo Release:

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

Signature of Parent or Guardian

Date

IMPORTANT! PLEASE NOTIFY US IF SOMEONE OTHER THAN THE REGISTERED PARENT WILL PICK UP YOUR CHILD!!

Drop by the Parish Office, 202 Lincoln or email to cordova.louann@yahoo.com as soon as possible...slots fill quickly!

Suggested donation of \$10 per family would be appreciated!