

Totus Tuus 2022 Registration Form ★ July 24-29, 2022

Grade School Program (Fall 22, Grades K-6) ▪ Monday-Friday (July 25-29) ▪ 9am to 2:30pm

Teen Nights (Fall 22, Grades 7-12) ▪ Sunday-Thursday (July 24-28) ▪ 7:30pm to 9:30pm

Joint Parish Pool Party Saturday, July 30, 6:30-8:30pm, Dinner/ Drinks Provided. Please fill out RSVP if attending pool party.

PLEASE NOTE! This year's program is a combined effort of Our Lady of Snows, Mary's Home and Sacred Heart, Eldon.

ALL ACTIVITIES will be hosted at OLOS Parish, Mary's Home. Cost \$10/child to cover costs of snacks/drinks.

★ PLEASE RETURN REGISTRATION FORM & PAYMENT BY SUNDAY, JULY 17, 2022 ★

Parents/Guardians	Phone
Emergency Contact	Phone
Parish	Phone

Child's First/Last Name	M/F	Age	Grade	Before Care	After Care	Please List Food Allergies/Special Needs/Medications
				Yes/No	Yes/No	
				Yes/No	Yes/No	
				Yes/No	Yes/No	
				Yes/No	Yes/No	

POOL PARTY RSVP – Saturday July 30 (6:30-8:30pm)				
<input type="checkbox"/> YES	Our family will attend the Totus Tuus	Number Attending		
<input type="checkbox"/> NO	Pool Party at the Eldon Pool, 7/30.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Adults</td> <td style="width: 40%;">Children</td> </tr> </table>	Adults	Children
Adults	Children			

Children are required to bring their lunch, but snacks will be provided for both the grade school evening teen programs. There is a \$10 fee/child to attend to cover the cost of snacks and drinks (CASH OR CHECKS PAYABLE TO OLOS). VOLUNTEERS NEEDED: Adult/teen volunteers needed for day/youth program! Text/call Debbie Klindt at 573-619-7611 to volunteer or for any questions. Youth attending before and after care, Friday July 29 they need to be picked up by 3:00 pm.

Medical Authorization: YES, I understand that the Catholic Diocese of Jefferson City (*herein after Diocese*) and Totus Tuus (*herein after TT*) 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.

Permission for Other Medical Matters: YES NO, in the event it comes to the attention of the Diocesan and/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 and Adults: YES, I understand all reasonable safety precautions will be taken at all times by the Diocese and TT 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 Diocese and TT, 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: YES, 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 Diocese or its chaperones/representatives.

Photo Release: YES NO, I hereby authorize the Diocese and TT and its agents to utilize photographic and/or video images of me or my child by the Diocese. In giving my consent, I hereby indemnify and hold harmless the Diocese and TT 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 _____

Return completed form and payment (\$10/child) by SUNDAY, JULY 17, 2022. Place in EITHER PARISH offertory basket or take to parish office. MAIL TO: OLOS, 274 Hwy H, Eugene, MO 65032 | FAX TO: 573-498-3779 | EMAIL TO: olosparish@gmail.com