

# Totus Tuus 2023 Registration Form ★ July 16-21, 2023

**Grade School Program** (Fall 22, Grades K-6) ▪ Monday-Friday (July 17-21) ▪ 9am to 2:30pm

**Teen Nights** (Fall 22, Grades 7-12) ▪ Sunday-Thursday (July 16\*20) ▪ 7:30pm to 9:30pm

**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 \$15 per child to cover costs of snacks/drinks.**

**★ PLEASE RETURN REGISTRATION FORM & PAYMENT BY SUNDAY, JULY 9, 2023 ★**

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     |  |

Children are required to bring their lunch, but snacks will be provided for both the grade school evening teen programs. There is a \$15 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 21 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 (\$15/child) by SUNDAY, JULY 9, 2023. 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**