

Totus Tuus – St. Rose Crofton: July 22-26 for Grades 7-12 and July 23-27 for Grades 1-6
Enrollment Form TOTUS TUUS 2018

NAME OF PARENTS/GUARDIANS _____

ADDRESS _____

TELEPHONE

Home (____) _____ Work (____) _____ Cell (____) _____

Children being enrolled in TOTUS TUUS and their grade level for the **2018-2019** school year:

NAME	GRADE	MEDICAL INFO TO BE AWARE OF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL EMERGENCY CONTACT: 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.

Name _____ Phone Number (____) _____

**Archdiocese of Omaha
Permission to Publish**

In an attempt to share information concerning the outstanding accomplishments of our youth, we will write articles, produce videos, and provide pictures for publication in various media, including, but not limited to, the Totus Tuus and diocesan Internet websites, an independently produced DVD, and the Catholic Voice. To include your child and his/her work in this publicity, we must have your written permission. You have the right to revoke permission at any time.

Please Check Below:

_____ I grant permission to the Archdiocese of Omaha and Totus Tuus to use the pictures and video of my child/children in positive media presentations.

_____ I DO NOT grant permission to the Archdiocese of Omaha and Totus Tuus to use the pictures and video of my child/children in positive media presentations.

Signature of Parent/Guardian

Date

**OFFICE OF TOTUS TUUS
ARCHDIOCESE OF OMAHA**

Medical/Liability Release Form (Revised March 2010)
PLEASE PRINT IN INK:

Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ e-mail _____ Birth date ____/____/____ (circle one) M F
Emergency Contact # 1 _____ Relationship to participant _____
Contact Home Phone _____ Contact Work Phone _____
Emergency Contact # 2 _____ Relationship to participant _____
Contact Home Phone _____ Contact Work Phone _____
Insurance Company _____ Policy # _____
Physician Name _____ Phone _____
List any Allergies/Medications/Medical Concerns, including food allergies: (Contact wearer: Yes No) _____

Medical Permission for Youth and Adults

I grant permission in the event I/my child is injured or becomes ill for medical care to be administered to me/my child and to use my/our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

Permission for Other Medical Matters

_____ **YES**, in the event it comes to the attention of the archdiocesan 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 my child.

Release of Liability for Youth and Adults

The undersigned do hereby release, forever discharge and agree to hold harmless the Office of Vocations/Totus Tuus and the Archdiocese of Omaha from and against any and all kind of liability, claims, demands, lawsuits, and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or the undersigned's minor child.

The undersigned further agree to indemnify and hold harmless the Office of Vocations/Totus Tuus and the Archdiocese of Omaha and its respective members, officers, directors and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the event named.

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/my child fail(s) to abide in any way by the rules, that I/my child can be dismissed from the event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from the archdiocese or its chaperones/representatives.

Signature of Participant _____ Date _____

Signature of Parent/Guardian* _____ Date _____

*Required if participant is under 18