



If you are registering more than one child, fee decreases by \$10 for each additional child
(e.g. 1st child \$80, 2nd child \$70, 3rd child \$60)

Totus Tuus Student Registration and Permission Form

Name of Student: _____

Current Mailing Address: _____

City/Town: _____ Postal Code _____ Phone #: _____

School Attending: _____ Grade (next Fall): _____

PARENT INFORMATION

Mother's Name: _____ Email: _____

Mother's Address: _____

Mother's Telephone: (H) _____ (W) _____

Father's Name: _____ Email: _____

Father's Address (if different from mother's): _____

Father's Telephone: (H) _____ (W) _____

EMERGENCY CONTACT & MEDICAL INFORMATION

Person who can be contacted to pick up child

Name: _____ Relationship: _____ Telephone: _____

Please list any medical information which may be helpful (allergies, diabetes, asthma, etc.)

All medications except inhalers must be turned into Totus Tuus volunteers to be kept in a secure location. Please notify the Totus Tuus Parish Coordinator about any serious conditions that require close supervision. *Permission is required for an adult to administer an EpiPen.*

Does your child have a serious learning disability? (e.g. Autism, ADHD)? [] Yes [] No

If Yes, 1 on 1 parental or adult supervision must be assigned to the child during the day.

I give consent for my child to participate in the Totus Tuus Program this summer.

Parent/Guardian's Signature

Date

SACRAMENTS INFORMATION

Please circle one:

Is your child baptized? Yes No

Has your child received their First Communion? Yes No

T-SHIRT SIZE (T-shirt Included in Registration Fee)

Please circle one: Youth: S M L XL

Adult: S M L XL

Indemnity Waiver & Media Release for Parent/Guardian

INDEMNITY WAIVER: In consideration of the acceptance of my children’s registration for the Totus Tuus Program and sponsorship by the Roman Catholic Episcopal Corporation for the Diocese of Toronto, in Canada (Archdiocese of Toronto), including the Office of Vocations and the Office of Catholic Youth, on behalf of myself, my heirs, assigns, executors and personal representatives, I release, hold harmless and forever discharge the Totus Tuus leaders, St. John the Evangelist Parish, Staff, Caregivers and Volunteers, the Archdiocese of Toronto, its staff; officers, directors, employees and affiliates, from any and all liability, claims, losses, damages, costs or expenses, and waive any such claims against and such persons or organizations, arising directly or indirectly from, or attributable in connection with all Totus Tuus activities, both on site at St. John the Evangelist Parish and off site, through the sponsorship and organization of the Archdiocese of Toronto.

MEDIA RELEASE: I, the undersigned, do hereby consent to have photographs and video taken of my children (participating in the Totus Tuus program) for the use in any form of media and/or any publicity material produced or printed by the Roman Catholic Episcopal Corporation for the Diocese of Toronto, in Canada (Archdiocese of Toronto). The undersigned authorizes the photographer/production company to make reproductions of the photograph(s) and video(s) to be used at the full discretion of the Archdiocese of Toronto. The undersigned releases and forever discharges the aforementioned party and the photographer/videographer.

Name(s) of Children: _____

Name of Parent/Guardian (Print): _____

Parent/Guardian Signature: _____

Date: _____

TOTUS TUUS CHILD PICKUP AUTHORIZATION

Please fill in the form below to authorize pickup of your child(ren).The first name should be the name of the person who will REGULARLY pick up the child(ren) from the TOTUS TUUS program.The second and third names are people who MAY pick up the child(ren) in an unusual or emergency situation. They will be required to show a driver's licence at the time.

Name of
Child(ren): _____

Grade in September: _____

1. Name: _____

Relationship: _____

2. Name: _____

Relationship: _____

3. Name: _____

Relationship: _____