

DIXON CATHOLIC *TOTUS TUUS* 2019 REGISTRATION FORM

Parent(s) Name(s):	Cell Phone	Work Phone	Home Phone
Address			
Family's Home Parish			

If someone other than a parent will be picking up, please list their name and phone number.	

In case of emergency, please list a person other than parent who can be contacted	
Name:	Phone:

Child's Name #1	Birthdate	Grade Fall '19
Health Issues/needs/medication		

Child's Name #2	Birthdate	Grade Fall '19
Health Issues/needs/medication		

Child's Name #3	Birthdate	Grade Fall '19
Health Issues/needs/medication		

Child's Name #4	Birthdate	Grade Fall '19
Health Issues/needs/medication		

I hereby give permission for any photographs which include my child(ren) to be used in various parish communications and in the diocesan newspaper. Yes _____ No _____ Initial _____

I hereby give permission for my child(ren)/ward(s) to participate in *Totus Tuus* at St. Patrick Church in Dixon IL, July 15-19 (grades 1-6)/July 14-18 (grades 7+), 2019. I hereby release and indemnify the Diocese of Rockford and its Bishop, St. Patrick Catholic Church, the staff and volunteers, and the *Totus Tuus* team from all claims for personal injuries or property damage that my child(ren) may suffer while participating in this program.

Signature _____
Date

- I will be able to provide lunch on one of the days for the *Totus Tuus* team (4 young adults)
- I will be able to provide dinner on one of the days for the *Totus Tuus* team (4 young adults)

Cost | Grades 1-6 \$30 for 1 child, \$50 for 2 children, \$60 for 3 or more children | Grades 7-12: \$10
Maximum is \$60 per family | Amount Enclosed _____

[Please make checks payable to St. Anne Church or St. Patrick Church (whichever is your home parish)]

**All medications except inhalers must be turned in to Totus Tuus volunteers to be kept in a secure -location. Please notify the parish coordinator Jen Sagel 815-618-8419 about any serious conditions that require close supervision.*