

TOTUS TUUS 2025 PARTICIPANT REGISTRATION FORM

Parents' Names: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Parish: _____

Emergency Contact: _____

Emergency Phone: _____

Relationship to Child(ren): _____

RETURN FORM to any Parish collection basket, the Parish Office, or Marquette Academy by **Monday, June 2**

MAKE CHECKS PAYABLE to Ottawa Catholic Community

REGISTER ONLINE at www.marquetteacademy.net/faith

Please mark # of children on appropriate line(s) below:

____ Grades 1-6, \$30 per child

____ Grades 7-12, \$20 per teen

Maximum \$75 per family.

Financial Assistance is available.

OFFICE USE ONLY

Total Due: _____

Total Paid: _____

Check # _____

Totus Tuus t-shirt included in the program fee.

Sizes: Youth S, M, L, Adult S, M, L, XL, 2X, 3X

Children attending Totus Tuus and their grade levels (1-12) for NEXT school year:

CHILD'S NAME	DATE OF BIRTH	GRADE	ALLERGIES/ MEDICATIONS	(Y/N) RECEIVED 1 ST COMMUNION?	T-SHIRT SIZE

CODE OF CONDUCT: Please review these rules with your child(ren) before they attend.

Show respect to the Totus Tuus team, volunteers, other participants and yourself.

Participate fully in all program activities to the best of your ability.

Remain with your assigned group and do not leave camp without permission.

Avoid inappropriate physical contact, harsh words, or actions.

Exhibit Christ-like behavior at all times.

Minor incidents will be brought to the participant's attention and efforts will be made to correct behavior. Continued violation will result in notification of the parent. Participants who remain disruptive after consultation with the parent may be dismissed.

GENERAL PERMISSION: I request that my child(ren) _____, be allowed to attend Totus Tuus at St. Patrick Parish in Ottawa, IL which takes place June 8-13, 2025. I hereby release and agree to indemnify and hold harmless the parish, its staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this event.

MEDICAL PERMISSION: I grant permission for the administration of First Aid to my child(ren), _____, by the people in charge of the Totus Tuus event, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery if deemed necessary for my child.

VIDEO AND PHOTOGRAPHY: Video, still photographs and audio recordings may be taken during Totus Tuus. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

Parent/Guardian Signature: _____ Date: _____

