## TOTUS TUUS 2022 PARTICIPANT REGISTRATION FORM

Parents' Names:		<b>RETURN FORM</b> to any Parish collection basket, the Parish			
Street Address:		Office, or N	larquette Academy by <b>Frid</b>	lay, June 3.	
City, State, Zip:		MAKE CHECKS PAYABLE to Ottawa Catholic Parishes REGISTER ONLINE at www.marquetteacademy.net/faith			
Phone:		Please marl	k # of children on appropri es 1-6, \$25 per child	ate line(s) below:	
Email:		Grade	es 7-12, \$15 per teen	Total Due:	
Parish Affiliation:  Emergency Contact:  Emergency Phone:		Maximum \$60 per family. Financial Assistance is available.		Total Paid: Check #	
		Registration fee includes Totus Tuus t-shirt Choose size: Youth S M L Adult S M L XL			
					Relationship to Child(ren):
Children to be enrolled in Totus Tuus an		-	the diocese.	ar:	
	_		<u>-</u>		
CHILD'S NAME	DATE OF BIRTH	GRADE	ALLERGIES/MEDICAT	TIONS	
Show respect to the Totus Tuus team, volunteers Participate fully in all program activities to the be Remain with your assigned group and do not leave Avoid inappropriate physical contact, harsh word Exhibit Christ-like behavior at all times.  Minor incidents will be brought to the participant result in notification of the parent. Participants we	est of your ability. we camp without perrols, or actions. t's attention and efforthous remain disruptive	nission. rts will be m	Itation with the parent may	y be dismissed.	
GENERAL PERMISSION: I request that my child(no Patrick Parish in Ottawa, IL which takes place Junt parish, its staff and their employees and agents, damages, medical expenses or any other loss to whatsoever from my child's participation in this expenses.	e 12-17, 2022. I here volunteers, and the C my child or family, inc	by release ar atholic Dioce	nd agree to indemnify and ese of Peoria from any and	hold harmless the all liability, for injuries,	
MEDICAL PERMISSION: I grant permission for the by the people in charge of the Totus Tuus event, referrals to qualified physicians for the treatmen notified in the event of any serious illness or acci would endanger life. In the case of a medical emot of the participant. In the event that I cannot by rehospitalize, secure proper treatment for, and ord	to sign the necessary t of illness or acciden dent and prior to any ergency, I understand eached, I hereby give ler injection, anesthe	releases as its of a more major surge I that every e permission to sia, or surger	may be required, and to me serious nature. I understar ery, except when delay in suffort will be made to contact to the physicians selected by if deemed necessary for	ake the necessary and I will be promptly uch communication act the parent/guardian by the adult staff to my child.	
constitutes permission for my child(ren)'s partici used for future promotional efforts, including the	pation in videotaping	, still photog	raphs, and/or audio record		
Parent/Guardian Signature:			_ Date:		