

Totus Tuus 2018 Registration Form
St. Bridget, Loves Park IL

Family name: _____ Parent(s) name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell/work phone: _____

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

Name: _____ Phone: _____

In case of emergency - person other than parent who can be contacted to pick up child:

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

1. Child's name: _____ Birth date: _____ Grade Fall('18): _____

Health issues/needs/medication*: _____

2. Child's name: _____ Birth date: _____ Grade Fall('18): _____

Health issues/needs/medication*: _____

3. Child's name: _____ Birth date: _____ Grade Fall('18): _____

Health issues/needs/medication*: _____

4. Child's name: _____ Birth date: _____ Grade Fall('18): _____

Health issues/needs/medication*: _____

I hereby give permission for my child(ren)/ ward(s) to participate in *Totus Tuus* at St. Bridget Catholic Church in Loves Park, IL, July 22-26 (Jr. High School)/July 23-27 (elementary), 2018. I hereby release and indemnify the Dioceses of Rockford and its Bishop, St. Bridget 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.

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 ___ Please Initial _____

Signature of parent/guardian

Date

___ I would be able to help at lunchtime (12-1pm) during one or more of the daytime sessions.

___ I would be able to bring in Kool-Aid/Lemonade mix

___ I would be able to provide lunch for the Totus Tuus team (4 young adults)

___ I would be able to have the Totus Tuus team over for dinner one night (dinner is at 5:30pm)

___ I would be able to bring a package of cookies to share for snack

Please make checks payable to: St. Bridget

Cost: Grades 1-6: \$30 per child, Grades 7-8: \$10; maximum \$60 per family

Amount enclosed: _____

* All medications except inhalers must be turned into Totus Tuus volunteers to be kept in a secure location. Please notify the parish coordinator Shannon McKenna about any serious conditions that require close supervision.