



TOTUS TUUS 2018

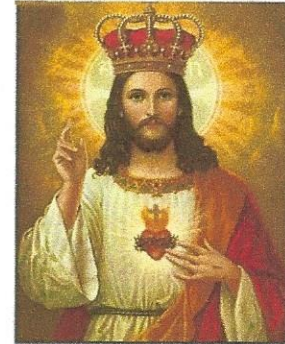
PARTICIPANT REGISTRATION FORM

CHRIST THE KING CHURCH

5006 E. Wonder Lake Road

Wonder Lake, IL. 60033

Tel# 815-653-2561



1st-6th Grade Program, June 25-29, 2018, 9:00 AM - 2:15 PM

7th-12th Grade Program, June 24-28, 2018, 7:00 PM - 9:15 PM

FAMILY NAME: _____

PARENTS' NAMES: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

HOME PARISH: _____

EMERGENCY CONTACT: (Name/Phone/Relationship) _____

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

Children to register for Totus Tuus, and their incoming grade level (1-12) for the 2018-2019 school year:

CHILD'S NAME	DATE OF BIRTH	GRADE IN FALL 2018	ALLERGIES & MEDICAL INFO WE NEED TO BE AWARE OF	CURRENT MEDICATIONS:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COST: \$10 PER STUDENT; MAXIMUM \$50 PER FAMILY. SCHOLARSHIP AVAILABLE

MAKE CHECKS PAYABLE TO: CHRIST THE KING

T-SHIRTS: \$10 PER SHIRT (PROCEEDS WILL BENEFIT THE TOTUS TUUS TEAM)

YOUTH: M ____ L ____ ADULT: S ____ M ____ L ____ XL ____

INITIAL THE FOLLOWING FIVE LINES:

_____ I hereby give permission for my child(ren)/ward(s) to participate in "TOTUS TUUS" at Christ the King Catholic Church in Wonder Lake, IL., June 24-28 (grades 7th-12th, 7pm-9:15pm), and/or June 25-29 (grades 1st-6th, 9am-2:15pm), 2018.

_____ I hereby release and indemnify the Diocese of Rockford and its Bishop, Christ the King Catholic Church, the staff and volunteers, and the "Totus Tuus" Team from all claims for personal injuries or property damage that my child(ren)/ward(s) may suffer while participating in this program, unless they result from willful misconduct.

_____ I hereby recognize Diocesan regulations prohibit photography of the youth by anyone other than Totus Tuus leaders.

_____ I understand that all electronic devices are prohibited

_____ I hereby give permission for use of photos of my child(ren)/ward(s) to be used in various parish or Diocesan media.

IMPORTANT: We do NOT handle, store, or dispense medications. Please notify the parish coordinator, Odette Conroy, about any serious conditions that require close supervision. Also, if your child(ren) need supervision, please have a family member remain with your child(ren) throughout their time with us

Signature of Parent/Guardian:

Date:

OFFICE USE ONLY				
PAID BY CHECK#	PAID BY CASH	AMOUNT:	OWES:	# OF TSHIRTS:
WILL VOLUNTEER:		ENTERED INFO:		COPY TO OFFICE:
AMOUNT TOWARD TEAM LUNCHES:			OTHER CONTRIBUTION:	