



Totus Tuus *Totally Yours* 2024 Family Registration and Release Form

Totus Tuus Programs

Totus Tuus Day for entering grades 1-6 meets on Monday - Friday, July 15-19 from 9:00 a.m.-2:30 p.m.

Totus Tuus Evening for entering grades 7-12 meets on Sunday - Thursday, July 14-18 from 7:00-9:00 p.m.

Thursday evening activity will take place offsite more information to come and no transportation will be provided by the parish. (Name and Address of Location)

Church Agency St. Mary & St. Bernadette Location St. Bernadette: 1343 Wheeling Road, Lancaster, OH 43130

Group Leader Day Shana Leonard Telephone No. (Sh – Office) 740-653-0997

Group Leader Evening Sarah Borah & Audrey Neumeier Telephone No. (S-office) 740-653-1893/ (A-office) 740-653-0997

| <u>Name of Child(ren)</u> | <u>Date of Birth</u> | <u>Grade Entering</u> | <u>Received First Communion</u> | <u>School</u> |
|---------------------------|----------------------|-----------------------|---------------------------------|---------------|
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |
| | | | Yes No | |

There is NO registration fee. Should you wish to make a good-will offering, it costs about \$40 per child to run the program, but any amount small or large is appreciated. This is a fun time for your kiddos and a stress-free time for you!

Medical/Liability Information — Completed by Parent or Guardian — Please Print Clearly

Home Address _____ City _____ Zip _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Allergies/Medications _____

Other information we should know about your child(ren) _____

Parent or Guardian Name: _____ Email: _____

Contact No. (c) _____ (h) _____ (w) _____

Parent or Guardian Name: _____ Email: _____

Contact No. (c) _____ (h) _____ (w) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. (h) _____ (c) _____

Family Doctor _____ Phone No. _____

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TT Evening Participants Volunteer (entering 7-12 grade)

Please list any Totus Tuus Evening participants that would like to volunteer with the Totus Tuus Day program
Totus Tuus Day 9 a.m. – 2:30 p.m. Mon-Fri, Jul. 15-19, 2024

| <u>Name of Student(s)</u> | <u>Program Volunteering</u> | <u>T-shirt Size</u> |
|---------------------------|-----------------------------|--------------------------------|
| | Totus Tuus Day | Youth: M L Adult: S M L XL XXL |
| | Totus Tuus Day | Youth: M L Adult: S M L XL XXL |
| | Totus Tuus Day | Youth: M L Adult: S M L XL XXL |

DIOCESE OF COLUMBUS REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

PARISH NAME: St. Mary & St. Bernadette PARISH CITY: Lancaster
Please print clearly. All incomplete forms will be returned.

PERMISSION

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant(s) and have full legal responsibility for the Participant(s). The undersigned hereby grant(s) permission for the Participant(s) to participate in the Activity Totus Tuus.

RELEASE AND INDEMNIFICATION

Release. The undersigned on behalf of the undersigned, the Participant(s), and the heirs, successors and assigns of the undersigned and the Participant(s), hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant’s participation in the Totus Tuus program.

Indemnification. The undersigned shall indemnify and hold harmless the Diocese of Columbus, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant’s(s’) participation in the Totus Tuus program, unless arising from the negligence of an indemnified party.

Emergency Medical Treatment

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant(s) to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: _____ Phone: (_____) _____

CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

The undersigned hereby consent to the release of photographs, videos and name of the Participant(s) to be used by the Diocese of Columbus, St. Mary, and St. Bernadette for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact your group leader listed above at 740-653-0997 for St. Mary or 740-653-1893 for St. Bernadette.

___ Please initial here if you **DO NOT** consent to the release of personally identifiable information. If you do not consent, please discuss this with your child(ren) as they will be asked to move out of all pictures and videos.

SIGNATURES

**THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY
AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT**

Parent/Legal Guardian Signature: _____ Date _____

Parent/Legal Guardian Print: _____