TOTUS TUUS 2018

St. John Vianney Parish
South Burlington, Vermont
Parish Coordinator: Chelsea Fournier
(802) 864-4166 – Ext. 204 or email: sjvchelsea@gmail.com

Grade School Program
Monday, June 25th – June 29th
9:00 a.m. – 3:00 p.m.

High School Program
Sunday, 24th – Thursday, June 28th
7:30 p.m. – 9:30 p.m.

STUDENT INFORMATION
(If registering more than three students please attach separate sheet of paper with information)

Name: _______________________________ Grade entering in August 2018: ________
Catholic: Yes ___ No ___ Sacraments Received: Baptism ___ Communion ___ Confirmation ___
Age: __________ Date of Birth: __________________________
T-Shirt Size: Child Sizes: S___M___L___ Adult Sizes: S___M___L___XL___ Other ___
Allergies, Medications and method of administering: ______________________________________
Other special needs: ____________________________________________________________________

Name: _______________________________ Grade entering in August 2018: ________
Catholic: Yes ___ No ___ Sacraments Received: Baptism ___ Communion ___ Confirmation ___
Age: __________ Date of Birth: __________________________
T-Shirt Size: Child Sizes: S___M___L___ Adult Sizes: S___M___L___XL___ Other ___
Allergies, Medications and method of administering: ______________________________________
Other special needs: ____________________________________________________________________

Name: _______________________________ Grade entering in August 2018: ________
Catholic: Yes ___ No ___ Sacraments Received: Baptism ___ Communion ___ Confirmation ___
Age: __________ Date of Birth: __________________________
T-Shirt Size: Child Sizes: S___M___L___ Adult Sizes: S___M___L___XL___ Other ___
Allergies, Medications and method of administering: ______________________________________
Other special needs: ____________________________________________________________________

Registration Fee Information:

_____ Grade School Program = $55.00 each student $________
_____ High School Program = $25.00 per family $________
_____ Family Maximum = $90.00 $________

Return completed Registration and Medical Release and Authorization Form/s to:
St. John Vianney Parish
Attn: Totus Tuus Coordinator
160 Hinesburg Road – South Burlington, VT 05403
Please make checks payable to: St. John Vianney Parish
Authorization for Medical Treatment
In the event of a medical and/or emergency situation during my absence, I hereby authorize necessary treatment, administration of anesthesia and/or surgical treatment(s) for my minor child/ward when deemed necessary by any physician, hospital medical staff or other appropriate medical personnel. I furthermore agree to release, indemnify and hold harmless the Roman Catholic Diocese of Burlington, the parish trust/school named on the registration form, their officers, directors, employees, staff members, volunteers and agents, from and against any and all claims for damages related to administration of emergency medical care as authorized in this statement.

Acknowledgement of No Insurance Coverage - Benefits
I hereby acknowledge that neither the Roman Catholic Diocese of Burlington nor the parish trust/school named on the registration form, are providing insurance coverage of any kind for any of the participants, including, but not limited to, life, health, accident, disability, liability, or any other kind of insurance whatsoever. I agree to undertake responsibility for any and all losses, damages, liabilities or expenses associated with, or arising from, Totus Tuus 2018. I understand that it is my sole responsibility to acquire insurance to provide the appropriate coverage(s) for the risks associated with participation in these events.

Liability Release
I hereby release and agree to hold harmless the Roman Catholic Diocese of Burlington and the parish trust/school named on the registration form, their officers, directors, employees, staff members, volunteers, and agents from any and all liability, claims and/or damages for personal injury, property loss or other damage which may result to my child/ward. I further state that my child/ward is physically fit and able to participate in Totus Tuus 2018. I further state that my child/ward may ride in any vehicle used for the purpose of this event. I release, hold harmless and agree to indemnify the Roman Catholic Diocese of Burlington, the parish trust/school named on the Registration form, their officers, directors, employees, staff members, volunteers, and agents for personal injury, property loss or damage, whether foreseen or unforeseen, to my child/ward while traveling in authorized vehicles.

Media Release
I hereby authorize the Roman Catholic Diocese of Burlington or the parish trust/school named on the registration form to use the name, voice and likeness of my child/ward in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claims associated therewith in connection with Totus Tuus 2018.

_____________________________________________________
Name of Child/Ward (please print)

_____________________________________________________
Name of Child/Ward (please print)

_____________________________________________________
Name of Child/Ward (please print)

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION
PLEASE COMPLETE BOTH SIDES OF FORM

Name: _____________________________ Relationship: _____________________________
Address: _______________________________________________________________________
Home Phone: _______________ Cell Phone: _______________ Daytime Phone: _______________
Email Address: _____________________________________________________________
Your Home Parish Name: __________________________________ Town __________________

_____________________________________________________
Parent / Guardian Signature

_____________________________________________________
Date