TOTUS TUUS 2019

St. Michael Parish
Brattleboro, Vermont
Parish Coordinator: Tina Crocker
(413) 896-8576 or email: jtcrocker@crocker.com

Grade School Program
Monday, July 8th – Friday, July 12th
9:00 a.m. – 3:00 p.m.
Note: Open to 1st Grade through 8th Grade

High School Program
Sunday, July 7th – Thursday, July 11th
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 2019: _______

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 2019: _______

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 2019: _______

Catholic: Yes ___ No ___  Sacraments Received: Baptism ____ Communion ____ Confirmation ____
T-Shirt Size:  Child Sizes: S___M___L___  Adult Sizes: S___M___L___XL___ Other_____
Age: __________ Date of Birth: _______________________
Allergies, Medications and method of administering: _______________________________________
Other special needs:  __________________________________________________________________

Registration Fee Information:

_____ Grade School Program = $60.00 each student $________
_____ High School Program = $25.00 per family $________
_____ Family Maximum = $150.00 $________

Return completed Registration and Medical Release and Authorization Form/s to:

St. Michael Parish
Attn: Totus Tuus Coordinator
47 Walnut Street – Brattleboro, VT 05301
Please make checks payable to: St. Michael 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 2019. 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 2019.
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 2019.

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 ____________________________