**TOTUS TUUS 2019**

Mater Dei Parish – St. Mary, Star of the Sea Church  
Newport, Vermont  
**Parish Coordinator:** Ann Gonyaw  
(802) 323-8585 or email: littlewayoflove@gmail.com

**Grade School Program**  
Monday, July 29th – Friday, August 2nd  
9:00 a.m. – 3:00 p.m.  
*Note: Open to 1st Grade through 8th Grade*

**High School Program**  
Sunday, July 28th – Thursday, August 1st  
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:  
Mater Dei Parish  
Attn: Totus Tuus Coordinator  
191 Clermont Terrace – Newport, VT 05855  
Please make checks payable to: **Mater Dei 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