TOTUS TUUS 2020

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 20th – Friday, July 24th
9:00 a.m. – 3:00 p.m.

High School Program
Sunday, July 19th – Thursday, July 23rd
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 2020: _______
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 2020: _______
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 2020: _______
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 2020. 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 2020. 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 2020 in any media, and I hereby release these entities from any and all claims associated therewith in connection with Totus Tuus 2020.

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 __________