

TOTUS TUUS 2024

Immaculate Conception/Holy Angels – St. Albans

Pamela King

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Grade School Program

Monday, June 17th – Friday, June 21st

9:00 a.m. – 3:00 p.m.

High School Program

Sunday, June 16th – Thursday, June 20th

In the Evening: 6pm-8pm.

STUDENT INFORMATION

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

Name: _____ Grade entering in August 2024: _____

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 2024: _____

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 2024: _____

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 = \$70.00 each student	\$ _____
_____ High School Program = \$25.00 per family	\$ _____
_____ Family Maximum = \$160.00	\$ _____

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

Holy Angels Parish

Attn: Totus Tuus Coordinator

246 Lake Street – St. Albans, VT 05478

Please make checks payable to: *Immaculate Conception Parish*

TOTUS TUUS 2024

PARENT/GUARDIAN AUTHORIZATION AND RELEASE THIS FORM IS REQUIRED FOR PARTICIPATION

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 2024. 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 2024.

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 2024 in any media, and I hereby release these entities from any and all claims associated therewith in connection with Totus Tuus 2024.

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