  **Totus Tuus Student Registration**

**Consent to participate, Waiver and Release**

*Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entering Grade in fall\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D/O/B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex: F M*

*Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entering Grade in fall\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D/O/B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex: F M*

*Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entering Grade in fall\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D/O/B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sex: F M*

*Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entering Grade in fall\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D/O/B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: F M*

*Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *Street City State Zip*

*Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***In case of an emergency, if I cannot be contacted at the address or phone provided above, please contact:***

***Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***OVER→→→***

***Authorization and Waiver of Risk***

*I hereby agree and consent to my son(s)/daughter(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ participating in Totus Tuus. I acknowledge that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. I release and hold harmless the Diocese of Gary, the Parish, the Parish Youth Minister, the Parish Chaperone, as well as any and all other participating organizations, their officers, agents, representatives, employees, and volunteers from any and all responsibility and liability for any injury, claim, costs, or any other damages whatsoever which may result from my Child’s participation in Totus Tuus. I further agree to assume full responsibility for the action of my Child as well as for the payment of any and all debts incurred by my Child during his/her visit and participation in Totus Tuus.*

***Authorization for Emergency Medical Treatment***

*I hereby agree and consent to my son(s)/daughter(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_receiving emergency medical treatment in my absence should the need for such treatment arise during my Child’s participation in Totus Tuus. Should the need for emergency medical treatment arise, the following health information pertaining to my Child is voluntarily disclosed:*

*Special Dietary Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Promotional Photographs***

*In the interest of promoting future activities, video and still photography may be taken during this event. This form constitutes written permission for my child’s participation in the videotape and/or photographs, which may be used for future promotional efforts, including the Diocese of Gary website (names are not used in photos).*

*\_\_\_\_\_\_\_I approve of my child’s picture/video be used for future promotional efforts.*

*\_\_\_\_\_\_\_I do not approve of my child’s picture/video be used for future promotional efforts.*

*By signing this Consent to Participate, Waiver and Release, I hereby acknowledge that I have read and fully understand the provisions contained above, and I knowingly consent to my child(ren) participating in Totus Tuus and agree to be bound by the terms and provisions of this Consent to Participate, Waiver and Release.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Printed Names(s) of Custodial Parent(s) Signature of Custodial Parent(s)*