

Totus Tuus 2019

Registration & Parental/Guardian Consent Form and Liability Waiver

Participant Name _____
First Middle Last

Home address _____
Street City State Zip

Birth date _____ Sex _____ Grade in 2019—2020 School Year _____

Parent/Guardian Name _____

Home Phone _____ Business Phone _____ Cell Phone _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Joseph Parish, or St. Monica Parish, its officers, directors, employees and agents, and the Diocese of Fort Wayne-South Bend its employees, and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/school/diocese.

Signature: _____ Date: _____

_____ **(Please Initial) Photo Release:** Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the Diocesan Director of Religious Education in writing to the contrary.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

#1 Contact Name & Relationship _____

Home Phone _____ Cell Phone _____

#2 Contact Name & Relationship _____

Home Phone _____ Cell Phone _____

Family Doctor _____ Phone _____

Family Health Plan Carrier _____ Policy # _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature _____ Date _____

Specific Medical Information: The parish/school will take reasonable care to see the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) _____

Does your child have a medically prescribed diet? _____

Any physical limitations? _____

You should be aware of these special medical conditions of my child: _____
