

TOTUS TUUS OF KCK

Student Registration/Permission/Medical Release Form

Student Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Student Birth Date ___/___/___ M F Grade of student in the Fall _____

Is the Student Catholic? Yes ___ No ___ Has the student received First Communion? Yes ___ No ___

Emergency Contact Name _____ Relationship to student _____

Emergency Contact Home (or cell) Phone _____ Work Phone _____

Insurance Company _____ Policy# _____

Physician Name _____ Phone# _____

Allergies/Medications/Medical Concerns/Contacts wearer: ___ Yes ___ No (list all applicable below):

Parental Permission for Youth under 18

I, We, the parent(s) of _____, request that our child be allowed to participate in the following activity, and do hereby grant permission for the student named above to participate in the following activity: **Totus Tuus of KCK to be held at Most Pure Heart of Mary Catholic Church (Collaboration with St. Matthew Catholic Church), 1800 SW Stone Ave, Topeka, KS 66604, June 10-17, 2017.**

Medical Permission for Youth and Adults

I grant permission in the event I/my child is injured or becomes ill for medical care to be administered to me/my child and to use my/our personal insurance to cover such incidents. After discussion with the emergency contact, I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

Release of Liability for Youth and Adults

The undersigned do hereby release, forever discharge and agree to hold harmless the Office of Youth & Young Adult Ministry (Christian Formation Office) and the Catholic Archdiocese of Kansas City in Kansas, and also **Most Pure Heart of Mary Catholic Church, Topeka & St. Matthew Catholic Church, Topeka**, from and against any and all kind of liability, claims, demands, lawsuits, and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or the undersigned's minor child.

The undersigned further agree to indemnify and hold harmless the Office of Youth & Young Adult Ministry (Christian Formation Office) and the Catholic Archdiocese of Kansas City in Kansas and also **St. Matthew Catholic Church, Topeka & Most Pure Heart of Mary Catholic Church, Topeka** and their respective members, officers, directors and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the event named.

Code of Behavior for Youth and Adults

I agree to abide by and/or instruct my child to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/my child fail(s) to abide in any way by the rules, that I/my child can be dismissed from the event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from the Archdiocese or its chaperones/representatives.

Signature of Participant _____ Date _____

Signature of Parent/Guardian* _____ Date _____

*Required if participant is under 18

