

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 _____
Contact Home (cell) Phone _____ Contact Work Phone _____
Insurance Company _____ Policy # _____
Physician name _____ Phone # _____
Allergies/Medications/Medical Concerns: Contacts wearer ___ Yes ___ No Please list

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 person named above to participate in the following activity: **Totus Tuus of KCK** to be held on these dates: **June 18th-June 23rd** at the following location: **St. Rose School**.

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 and the Catholic Archdiocese of Kansas City in Kansas, and also Prince of Peace Catholic Church Olathe 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 and the Catholic Archdiocese of Kansas City in Kansas and also Prince of Peace Catholic Church Olathe 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