TOTUS TUUS 2019
PARTICIPANT REGISTRATION FORM
CHRIST THE KING CHURCH
5006 E. Wonder Lake Road
Wonder Lake, IL 60033
Tel# 815-653-2561
1st-6th Grade Program, July 22-26, 2019, 9:00 AM - 2:15 PM
7th-12th Grade Program, July 21-25, 2019, 7:00 PM - 9:00 PM

FAMILY NAME: __________________________________________

PARENTS' NAMES: _________________________________________

STREET ADDRESS: _________________________________________

CITY, STATE, ZIP: _________________________________________

HOME PHONE: _____________________________________________

CELL PHONE: _____________________________________________

EMAIL ADDRESS: _________________________________________

HOME PARISH: ____________________________________________

Children to register for Totus Tuus, and their incoming grade level (1-12) for the 2019-2020 school year:

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th>DATE OF BIRTH</th>
<th>GRADE IN FALL 2018</th>
<th>ALLERGIES &amp; MEDICAL INFO WE NEED TO BE AWARE OF</th>
<th>CURRENT MEDICATIONS:</th>
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COST: $10 PER STUDENT; MAXIMUM $50 PER FAMILY. SCHOLARSHIP AVAILABLE
MAKE CHECKS PAYABLE TO: CHRIST THE KING
T-SHIRTS: $10 PER SHIRT (PROCEEDS WILL BENEFIT THE TOTUS TUUS TEAM)
YOUTH: S_____ M_____ L_____ ADULT: S_____ M_____ L_____ XL_____
INITIAL THE FOLLOWING FOUR LINES:

_____________________________ I hereby give permission for my child(ren)/ward(s) to participate in "TOTUS TUUS" at Christ the King Catholic Church in Wonder Lake, IL, July 21-25 (grades 7th-12th, 7pm-9:15pm), and/or July 21-25 (grades 1st-6th, 9am-2:15pm), 2019.

_____________________________ I hereby release and indemnify the Diocese of Rockford and its Bishop, Christ the King Catholic Church, the staff and volunteers, and the "Totus Tuus" Team from all claims for personal injuries or property damage that my child(ren)/ward(s) may suffer while participating in this program, unless they result from willful misconduct.

_____________________________ I hereby recognize Diocesan regulations prohibit photography of the youth by anyone other than Totus Tuus leaders.

_____________________________ I understand that all electronic devices are prohibited

_____________________________ I hereby give permission for use of photos of my child(ren)/ward(s) to be used in various parish or Diocesan media.

IMPORTANT: We do NOT handle, store, or dispense medications. Please notify the parish coordinator, Odette Conroy, about any serious conditions that require close supervision. Also, if your child(ren) need supervision, please have a family member remain with your child(ren) throughout their time with us.

Signature of Parent/Guardian: ___________________________ Date: ______________________

OFFICE USE ONLY

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<tr>
<th>PAID BY CHECK#</th>
<th>PAID BY CASH</th>
<th>AMOUNT:</th>
<th>OWES:</th>
<th># OF TSHIRTS:</th>
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<td>WILL VOLUNTEER:</td>
<td>ENTERED INFO:</td>
<td>COPY TO OFFICE:</td>
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| AMOUNT TOWARD TEAM LUNCHES: | OTHER CONTRIBUTION: |