



# Totus Tuus \*Totally Yours\* 2023 Registration and Release Form

## Totus Tuus Programs

*Totus Tuus Day* for entering grades 1-6 meets on Monday-Friday, June 12-16 from 9:00am-2:30pm - **\$40 per child - \$100/family**

*Totus Tuus Evening* for entering grades 7-12 meets on Sunday-Thursday, June 11-15 from 7:00-9:00pm - **\$40 per child - \$100/family**

Thursday evening activity will take place            offsite more information to come and no transportation will be provided by the parish.  
(Name and Address of Location)

Church Agency St. Cecilia Usual Location 434 Norton Rd, Columbus, OH 43228

Group Leader Day Shana Leonard Telephone No. 614-878-5353

Group Leader Evening Shana Leonard Telephone No. 614-878-5353

<u>Name of Child(ren)</u>	<u>Date of Birth</u>	<u>Grade Entering</u>	<u>Received First Communion</u>	<u>School</u>
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	

**Registration Fee is \$40 per child or \$100 per Family**

**Medical/Liability Information — Completed by Parent or Guardian — Please Print**

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Allergies/Medications \_\_\_\_\_  
\_\_\_\_\_

Other information we should know about your child(ren) \_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact No. (c) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact No. (c) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone No. (h) \_\_\_\_\_ (c) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

**Continue on back**

## TT Evening Participants Volunteer (entering 7-12 grade)

Please list any Totus Tuus Evening participants that would like to volunteer with the Totus Tuus Day program  
Totus Tuus Day 9 a.m. – 2:30 p.m. Mon-Fri, Jun. 12-16, 2023

<u>Name of Student(s)</u>	<u>Program Volunteering</u>	<u>T-shirt Size</u>
	Totus Tuus Day	Youth: M L Adult: S M L XL XXL
	Totus Tuus Day	Youth: M L Adult: S M L XL XXL
	Totus Tuus Day	Youth: M L Adult: S M L XL XXL

### DIOCESE OF COLUMBUS REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

PARISH NAME: Saint Cecilia PARISH CITY: Columbus

*Please print clearly. All incomplete forms will be returned.*

#### **PERMISSION**

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant(s) and have full legal responsibility for the Participant(s). The undersigned hereby grant(s) permission for the Participant(s) to participate in the Activity Totus Tuus.

#### **RELEASE AND INDEMNIFICATION**

**Release.** The undersigned on behalf of the undersigned, the Participant(s), and the heirs, successors and assigns of the undersigned and the Participant(s), hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant's participation in the Totus Tuus program.

**Indemnification.** The undersigned shall indemnify and hold harmless the Diocese of Columbus, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant's(s') participation in the Totus Tuus program, unless arising from the negligence of an indemnified party.

#### **Emergency Medical Treatment**

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant(s) to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

#### **CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION**

The undersigned hereby consent to the release of photographs, videos and name of the Participant(s) to be used by the Diocese of Columbus and St. Cecilia for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact your group leader listed above at 614-878-5353.

\_\_\_ Please initial here if you **DO NOT** consent to the release of personally identifiable information. If you do not consent, please discuss this with your child(ren) as they will be asked to move out of all pictures and videos.

#### **SIGNATURES**

**THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY  
AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Print: \_\_\_\_\_