



Totus Tuus *Totally Yours* 2024 Registration and Release Form

Totus Tuus Programs

Totus Tuus Day for entering grades 1-6 meets on Monday-Friday, June 17-21 from 9:00am-2:30pm - **\$40 per child - \$100/family**

Totus Tuus Evening for entering grades 7-12 meets on Sunday-Thursday, June 16-20 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 Sister Agata Telephone No. 614-878-5353

Group Leader Evening Sister Agata 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

**Totus Tuus 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. 17-21, 2024

<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: _____