

# TOTUS TUUS 2021

## PARTICIPANT REGISTRATION FORM

**Middle School & High School**      **July 18-22**      **7 p.m. - 9 p.m.**  
**Grades 1 - 6**                              **July 19-23**      **9 a.m. - 2:30 p.m**

**\$15 per child /\$30 family on or before June 30, 2021**

**\$20 per child after July 1, 2021**

Family Name \_\_\_\_\_

Parents' Names \_\_\_\_\_

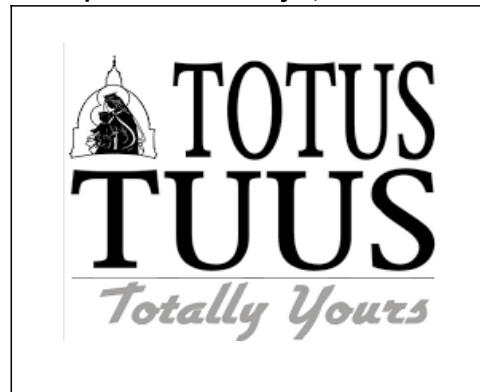
Address \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_



**Children to be enrolled in Totus Tuus and their grade level (1-12) For 2021-22 school year.**

Child's First Name*	Nickname	Date of Birth	Grade 2021-22
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Include last name only if different from family name.      \*\*Please make note of any accommodations that are needed.

Photo Use/Release: by completing this registration form, you are giving permission for Sacred Heart Parish to use photos of children in publications /website unless otherwise stated in writing.

**Volunteers Needed!**

**Parents- Grandparents- High Schoolers - Middle Schoolers- How can you lend a hand?**

We need adult and teen volunteers during the day session to assist our Totus Tuus missionaries. Teen helpers can receive service credit for their volunteer hours but **MUST ALSO** attend the evening session in order to volunteer. Sample tasks may include classroom aide, lunch prep and clean up, game leader at recess, t-shirt sales, and water balloon prep on Friday.

Volunteer Name: \_\_\_\_\_ Email: \_\_\_\_\_ Teen  Adult

Volunteer Name: \_\_\_\_\_ Email: \_\_\_\_\_ Teen  Adult

*All volunteers, regardless of age, must be approved according to Diocesan standards including Safe Environment training and background checks.*

We ask that participants donate a shareable snack.

*Completed forms may be dropped off at in the Parish Center Office or scanned and emailed to [rkenney2@nd.edu](mailto:rkenney2@nd.edu)  
 Make checks payable to Sacred Heart Parish*

**Sacred Heart Parish - Totus Tuus (July 18-23,2021)**  
**Required - Emergency Medical Care Information**

Totus Tuus~"Totally Yours" is a week long summer youth mission dedicated to handing on the gospel and promoting the Catholic Faith. Space is limited. **Registration begins May 1st.**

Please fill out the Emergency and Medical Authorization Form to be kept on file in case of an emergency. This information is a **requirement** of the Diocese of Fort Wayne-South Bend for Parish sponsored activities.

**Consent to Emergency Medical Care**

In the event reasonable attempts made to contact parent or guardian at these numbers

Name:		at (phone #)	
Emergency Contact:		at (phone #)	
Other:		at (phone #)	

have been unsuccessful, I hereby give my consent for:

1.) The administration of any treatment deemed necessary by  
 (Physician's Name) \_\_\_\_\_ at (phone #) \_\_\_\_\_  
 (Dentist's Name) \_\_\_\_\_ at (phone #) \_\_\_\_\_

2.) **and/or** the transfer of my child to (preferred hospital) \_\_\_\_\_  
 or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two licensed physicians or medical opinions of two other licensed physicians or dentists concurring in the necessity for surgery are obtained before surgery is performed.

**Health insurance carrier:** \_\_\_\_\_  
**Policy/ Group Number:** \_\_\_\_\_

**Allergies**

3.) The following include any food or other allergies my child may have, any medications my child may be taking, and any other medical condition I want the staff/ leaders to be made aware of...

Child's Name: _____	Information: _____
Child's Name: _____	Information: _____
Child's Name: _____	Information: _____

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Refusal to Consent to Emergency Medical Care**

I do **NOT** give my consent for emergency medical treatment of my child(ren). In the event of illness or injury requiring emergency treatment, I wish the religious education/ Totus Tuus authorities to take no action. I understand what is involved in this refusal of medical care and will not hold the Parish or Diocese liable.

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_