TOTUS TUUS 2022

St. Michael's Parish – Brattleboro
Tina Crocker
413-896-8576 | jtcrocker@crocker.com

Grade School Program
Monday, July 11th – Friday, July 15th
9:00 a.m. – 3:00 p.m.

High School Program
Sunday, July 10th – Thursday, June 14th
7:00 p.m. – 9:00 p.m.

STUDENT INFORMATION

(If registering more than three students please attach separate sheet of paper with information)

Name: _____ Grade entering in August 2022: _____

Catholic: Yes ___ No ___ Sacraments Received: Baptism ____ Communion ____ Confirmation ____

Age: _____ Date of Birth: _____

T-Shirt Size: *Child Sizes*: S___M___L___ *Adult Sizes:* S___M___L___XL___Other_____

Allergies, Medications and method of administering: _____

Other special needs: _____

Name: _____ Grade entering in August 2022: _____

Catholic: Yes ___ No ___ Sacraments Received: Baptism ____ Communion ____ Confirmation ____

Age: _____ Date of Birth: _____

T-Shirt Size: *Child Sizes*: S___M___L___ *Adult Sizes:* S___M___L___XL___Other_____

Allergies, Medications and method of administering: _____

Other special needs: _____

Name: _____ Grade entering in August 2022: _____

Catholic: Yes ___ No ___ Sacraments Received: Baptism ____ Communion ____ Confirmation ____

T-Shirt Size: *Child Sizes*: S___M___L___ *Adult Sizes:* S___M___L___XL___Other_____

Age: _____ Date of Birth: _____

Allergies, Medications and method of administering: _____

Other special needs: _____

Registration Fee Information:

_____ Grade School Program = $60.00 each student $_____
_____ High School Program = $25.00 per family $_____
_____ ***Family Maximum = $150.00*** $_____

Return completed Registration and Medical Release and Authorization Form/s to:

St. Michael's Parish
Attn: Totus Tuus Coordinator
47 Walnut Street, Brattleboro, VT 05301
Please make checks payable to**: St. Michael's Parish**

TOTUS TUUS 2022

PARENT/GUARDIAN AUTHORIZATION AND RELEASE

THIS FORM IS REQUIRED FOR PARTICIPATION

Authorization for Medical Treatment

In the event of a medical and/or emergency situation during my absence, I hereby authorize necessary treatment, administration of anesthesia and/or surgical treatment(s) for my minor child/ward when deemed necessary by any physician, hospital medical staff or other appropriate medical personnel. I furthermore agree to release, indemnify and hold harmless the Roman Catholic Diocese of Burlington, the parish trust/school named on the registration form, their officers, directors, employees, staff members, volunteers and agents, from and against any and all claims for damages related to administration of emergency medical care as authorized in this statement.

Acknowledgement of No Insurance Coverage - Benefits

I hereby acknowledge that neither the Roman Catholic Diocese of Burlington nor the parish trust/school named on the registration form, are providing insurance coverage of any kind for any of the participants, including, but not limited to, life, health, accident, disability, liability, or any other kind of insurance whatsoever. I agree to undertake responsibility for any and all losses, damages, liabilities or expenses associated with, or arising from, Totus Tuus 2021. I understand that it is my sole responsibility to acquire insurance to provide the appropriate coverage(s) for the risks associated with participation in these events.

Liability Release

I hereby release and agree to hold harmless the Roman Catholic Diocese of Burlington and the parish trust/school named on the registration form, their officers, directors, employees, staff members, volunteers, and agents from any and all liability, claims and/or damages for personal injury, property loss or other damage which may result to my child/ward. I further state that my child/ward is physically fit and able to participate in Totus Tuus 2021.

I further state that my child/ward may ride in any vehicle used for the purpose of this event. I release, hold harmless and agree to indemnify the Roman Catholic Diocese of Burlington, the parish trust/school named on the Registration form, their officers, directors, employees, staff members, volunteers, and agents for personal injury, property loss or damage, whether foreseen or unforeseen, to my child/ward while traveling in authorized vehicles.

Media Release

I hereby authorize the Roman Catholic Diocese of Burlington or the parish trust/school named on the registration form to use the name, voice and likeness of my child/ward in any manner, form or way relating to communication 2021 in any media, and I hereby release these entities from any and all claims associated therewith in connection with Totus Tuus 2021.

_____
Name of Child/Ward (please print)

_____
Name of Child/Ward (please print)

_____
Name of Child/Ward (please print)

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION
PLEASE COMPLETE BOTH SIDES OF FORM

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Daytime Phone: _____

Email Address: _____

Your Home Parish Name: _____ Town _____

_____ _____

Parent / Guardian Signature **Date**