



St. Mary Parish Presents ~ Totus Tuus

Elementary session (Grade 1 through 6) June 10 – 14, 9 am to 2:30 pm
 Middle and High School (Grade 7 through 12) June 9 – 13, 7:00 pm to 9:00 pm
 Gathering at St. Mary School 525 N. Broad Street Griffith, IN. 46319
 (219) 922-2277
 st_mary_reled_griffith@yahoo.com

Registration & Parental/Guardian Consent Form and Liability Waiver

More forms may be found at smgriffith.org/vacation bible school 2019.

Please complete one form per student. Grade School participants are asked to bring a daily sack lunch.

Participant Name _____ Date of birth _____ Age _____ Sex F M
 First Last

Home address _____
 Street City State Zip

Parent/Guardian Name _____ Contact number (____) _____

Parent/Guardian Name _____ Contact number (____) _____

Does your student have ADD/ADHD/AUTISM/DOWNS or any learning disabilities? Yes / No Please Explain: _____

Is your student presently under doctor's care? Yes / No Reason _____

Is your student presently on medication? Yes / No Name of Prescription(s): _____

Reason: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers contact:

#1 Contact Name _____ Relationship _____ Cell number (____) _____

#2 Contact Name _____ Relationship _____ Cell number (____) _____

OVER →→

Authorization and Waiver of Risk

I hereby agree and consent to my son(s)/daughter(s) _____ participating in Totus Tuus. I acknowledge that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. I release and hold harmless the Diocese of Gary, the Parish, the Parish Youth Minister, the Parish Chaperone, as well as any and all other participating organizations, their officers, agents, representatives, employees, and volunteers from any and all responsibility and liability for any injury, claim, costs, or any other damages whatsoever which may result from my Child's participation in Totus Tuus. I further agree to assume full responsibility for the action of my Child as well as for the payment of any and all debts incurred by my Child during his/her visit and participation in Totus Tuus.

Parent/Guardian Signature _____ Date _____

Authorization for Emergency Medical Treatment

I hereby agree and consent to my son(s)/daughter(s) _____ receiving emergency medical treatment in my absence should the need for such treatment arise during my Child's participation in Totus Tuus. Should the need for emergency medical treatment arise, the following health information pertaining to my Child is voluntarily disclosed:

Special Dietary Needs: _____ *Allergies:* _____

Medications: _____

Parent/Guardian Signature _____ Date _____

Promotional Photographs

In the interest of promoting future activities, video and still photography may be taken during this event. This form constitutes written permission for my child's participation in the videotape and/or photographs, which may be used for future promotional efforts, including the Diocese of Gary website (names are not used in photos).

_____ *I approve of my child's picture/video be used for future promotional efforts.*

_____ *I do not approve of my child's picture/video be used for future promotional efforts.*

By signing this Consent to Participate, Waiver and Release, I hereby acknowledge that I have read and fully understand the provisions contained above, and I knowingly consent to my child(ren) participating in Totus Tuus and agree to be bound by the terms and provisions of this Consent to Participate, Waiver and Release.

Printed Names(s) of Custodial Parent(s)

Signature of Custodial Parent(s)