



# Totus Tuus Registration and Waiver

This summer catechetical program will be at St. Francis parish from **June 12-17**. All students entering grades 1-12 in the upcoming school year are welcome to attend. Grades 1-6 will meet from 9am-3pm and grades 7-12 will meet from 7-9pm. Each child is asked to bring a snack to share. For more information, call Kari at 528-0485 Ext: 25 or email youthandfamily@stfrancisokc.com.

Cost: \$20 per child or \$40 per family (Please make check payable to St. Francis Parish or pay in cash)

*This Form must be completed for each child participating in the Totus Tuus program June 12-17. Please return in a sealed envelope to the parish office or in the weekly collection.*

## Youth Information (Please print)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Incoming Grade \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone: (\_\_\_\_) \_\_\_\_\_

### ALL YOUTH FOURTEEN (14) YEARS OF AGE AND OLDER MUST READ AND SIGN THE STATEMENT BELOW

I acknowledge that I agree to conduct myself in a manner consistent with the policies of the St. Francis Parish and that failure to do so may result in my being required to leave the RE/Youth Activity, and not being allowed to participate in future programs and activities, at the discretion of the Parish/School.

**YOUTH Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Parent/Family Information (Please print)

Participant resides with (check all that applies): Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

Name:

Father \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Mother (include maiden) \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Email \_\_\_\_\_

Address **IF DIFFERENT** FROM YOUTH ABOVE

Home Address \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Photo Release:** I grant St. Francis Parish, the right to take photographs of me and my family in connection with the Religious Education, Youth Activities, retreats, etc. I authorize St. Francis Parish, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that St. Francis Parish may use such photographs of me with or without my name and for any lawful purpose, following the Archdiocese of Oklahoma City Safe Environment guidelines, including such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARTICIPATION PERMISSION:** I, the undersigned, am custodial parent/legal guardian of Participant and request that he/she be to allowed participate in the RE/Youth programs, events and activities to be held at **St. Francis Parish during the 2015-2016** parish year. I understand that the RE/Youth Activities consist of weekly sessions and related activities which may be held from time-to-time.

**LOST OR STOLEN ITEMS:** I hereby understand and agree that neither the Archdiocese of Oklahoma City or **St. Francis Parish during the 2015-2016** parish year nor any of their respective employees, directors, officers, agents, representatives and/or volunteers shall be held liable for any of my or my child's personal property lost or stolen during participation in the RE/Youth Activities.

**MEDICAL INFORMATION:** Is Participant taking any medications **OR** have any medical conditions (e.g., diabetes, epilepsy, heart conditions, etc.) \_\_\_\_ yes \_\_\_\_ no **If yes**, explain (attach additional sheets as necessary):

Does your child have any allergies? (e.g., insects, hay fever, strawberries, peanuts, etc.) \_\_\_\_ yes \_\_\_\_ no  
**If yes**, explain (attach additional sheets as necessary):

Does your child have any allergies or adverse reactions to medications? (e.g., penicillin, ibuprofen, acetaminophen, etc.) \_\_\_\_ yes \_\_\_\_ no **If yes**, explain (attach additional sheets as needed):

Does your child have any disabilities or physical or developmental limitations? \_\_\_\_ yes \_\_\_\_ no **If yes**, explain (attach additional sheets as necessary):

Participant's Primary Physician: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_

Name of primary insured: \_\_\_\_\_

Group# \_\_\_\_\_ Policy#: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_ (approx.) \_\_\_\_\_ **(Parent Initial)**

**As a rule, medication will not be administered by RE/Youth Program staff. The exception is an RE/Youth program or activity that includes an extended day or overnight activity. If medication is required a Consent and Waiver Medication Form must be completed prior to the activity.**

**CONSENT TO TREATMENT OF PARTICIPANT:** I am the custodial parent or legal guardian of Participant. I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in the RE/Youth Activities and I assume all responsibility for the health and physical condition and ability of Participant to so participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. **I accept full responsibility for any medical or hospital bills associated with the care of Participant.**

**LIABILITY WAIVER:** In consideration of the arrangement set forth herein, I do on behalf of myself, Participant and our respective heirs, successors, assigns and next of kin, release, waive, hold harmless, defend and covenant **NOT TO SUE**, St. Francis Parish, the Archbishop of the Archdiocese of Oklahoma City, and the Archdiocese of Oklahoma City and each of their respective departments, directors, administrators, teachers, officers, agents, representatives, volunteers and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I and/or Participant may suffer due to illness or injury suffered by Participant as a result of, or in connection with, participation in the RE/Youth Activities, including the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, including without limitation, housing, meals and collateral entertainment to the fullest extent permitted by law.

I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this REGISTRATION CONSENT AND WAIVER FORM FOR RE/YOUTH ACTIVITIES consisting of two (2) pages.

**Custodial Parent/Guardian Name (please print):** \_\_\_\_\_

**Custodial Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use Only: Received \_\_\_\_\_ PD: \_\_\_\_\_