


Totus Tuus Registration

Grade School students entering grades 1-6* 
Monday, June 21– Friday, June 25
 9:00 am – 2:30 pm – Schlarman Academy South
 (enter through pre-school)
 \$25 per participant, or \$50 max per family

Junior High & High School students entering grades 7-12*
Sunday, June 20 – Thursday, June 24
 7:00 pm – 9:00 pm - Schlarman Academy South
 (enter through pre-school)
 \$15 per participant

Bring sack lunch daily for day program. All students bring one box or bag of snacks per person for the week.

Family Name:			Parish:
Parent's Names:			
Address:			Home Ph:
City & Zip			Work:
Email:			Cell:
Student's Name:	Grade* Fall 2021	Birthdate	Please list important medical information including known allergies and current medications.

Payment Method Check Cash Amount Enclosed \$ _____ *Make check payable to St. Paul's Church.*

Return this form & student fees to
your church office or send to:
 St. Paul's Church, 1303 N. Walnut Street, Danville

For more information contact:
 Jennifer Martindill jennifermartindill@stpauldanville.org 442-5313

General Permission I request that my child(ren), _____, be allowed to attend Totus Tuus from June 20-25 at Schlarman Academy & St. Paul's Church. I hereby release and agree to indemnify and hold harmless the parishes and school, its staff, their employees and agents, volunteers, and the Catholic Diocese of Peoria from any and all liability, for injuries, damages, medical expenses, or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever from my child's participation in this event.

Medical Permission I grant permission for the administration of First Aid to my child(ren), _____ by the people in charge of the Totus Tuus event, to sign the necessary releases as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accident of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

****Please complete both sides of form****

Insurance Information

Policy Holder (in the name of): _____

Insurance Company _____

Policy Number _____ Identification Number/Social Security # _____

Authorized Physician _____ Phone# _____

Authorized Hospital _____

Parent/Guardian Signature: _____ Date _____

Emergency Contact, when parents cannot be reached

Name: _____ Relationship to Child _____ Ph: _____

Video and Still Photographs Video, still photographs and audio recordings may be taken during Totus Tuus. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites.

Parent/Guardian Signature: _____ Date _____

Volunteers Needed - Please Help!

If you are able to help out in any of the following ways, please contact Jennifer Martindill ASAP at jennifermartindill@stpauldanville.org or 217-442-5313

- † Bring a lunch for the team and adult volunteers.
- † Host two team members in your home for the week.
- † Provide or invite the team for dinner (1 evening - 2 men & 2 women) Dinner is from 5:15-6:30pm.

****Please complete both sides of form****