

St. Raphael Catholic Church Registration and Permission Form for Totus Tuus 2022

Family Last Name _____ Address _____ City _____

Parent Information

Mother's Name _____ Cell/Work Phone _____

Father's Name _____ Cell/Work Phone _____

Guardian/s Allowed To Pick Up Child

In Case of Emergency

Name: _____ Relationship _____ Phone Number _____

Child's First Name	Sex M/F	Grade Fall of 2022 and Current Age	Allergies, Medical Conditions Include, ADD, ADHD, possible reactions, etc. Please be specific	Sacraments Completed Baptism, Reconciliation, First Eucharist, Confirmation	T-Shirt Size Included in Price Youth... YS YM YL Adult... AS, AM, AL, AX, AZX	Registration Fee 1-6 \$50.00 7-12 \$20.00
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Include cash or check payable to St. Raphael

Grand Total

Please be sure to fill out Permission/Medical Release for Minors
I have completed the required, separate release form and signed this
parental consent below for the children listed above to participate in
the Totus Tuus program.

I would like to volunteer YES _____ NO _____

Parent Signature _____
Date _____



Participant Name		Last	
Address		City	Zip
Parent Name		Name-Parent/Guardian 2	
Parent Cell		Cell-Parent/Guardian 2	
Parent Email		Teen Cell - (HS Only)	
Parish Name		City	Zip
School Attending		City	
Date of Birth	Age	Grade	M/F

GENERAL PERMISSIONS

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:

And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Videos and or/photos may be taken during this event. This authorization form constitutes permission to use my image in video and/or photos which may be used for future promotional efforts including the parish and/or Diocese of Joliet website. *If you wish to opt out of this permission initial here: Parent/Guard Initial _____*

CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

EXPECTATIONS

- All participants are expected to arrive on time.
- All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
- Socializing should always be done in public areas.
- Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
- The possession or consumption of any alcoholic beverages is prohibited.
- The possession of any illegal substances is prohibited and subject to legal action.
- Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
- Weapons and/or drug paraphernalia are prohibited.

INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities.

Parent/Guardian initial _____ Participant initial _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child: _____ by the people in charge of the event and those transporting my child to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents 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 of such communication would endanger life. In the case of a medical 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 injections, anesthesia or surgery if deemed necessary for my child.

MEDICAL INFORMATION

ALLERGIC TO MEDICATIONS: YES NO

If YES, please describe: _____

ALLERGIC TO OTHER: _____

OTHER CONDITIONS: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ I.D.# _____

Insurance Phone: _____

Authorized Physician: _____

Physician Phone: _____

EMERGENCY CONTACT

In the event of an emergency please contact:

Name: _____

Phone: _____ Relation _____

Name: _____

Phone: _____ Relation _____

Participant Signature		Date
Parent/Guardian Signature		Date