

# TOTUS TUUS 2017 PARTICIPANT REGISTRATION FORM

Name of Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cost: \$25 per child or \$50 for family Gr 7-12 \$3/evening

Name(s) of Child(ren)	Allergies, Medications & Dosage, Medical Conditions, Food Restrictions	Grade in '17-'18

**ADDITIONAL EMERGENCY CONTACT INFORMATION:**

Name and phone number of an adult to reach in case of emergency in the event that you cannot be reached at the numbers above.

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**MEDIA RELEASE:**

I hereby authorize the Archdiocese of Dubuque, the host parish(es), and their agents to utilize photographic and/or video images of me or my child. In giving my consent, I hereby indemnify and hold harmless the Archdiocese of Dubuque, the host parish(es), and their agents from any and all responsibility of liability. I understand that I will receive no compensation should any photograph and/or video of my child or me be used.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

In addition to this registration form, a liability waiver/Medical consent form must be completed for the Grades 1-6 Program and a liability waiver/medical consent form will be required for any portion of the Jr. High/Sr. High Program that is off-site.