

**Totus Tuus 2019 Registration Form**  
Cathedral of St. Peter, Rockford IL

Family name: \_\_\_\_\_ Parent(s) name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell/work phone: \_\_\_\_\_

If someone other than a parent will be picking up, please list their name and phone number:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency – person other than parent who can be contacted to pick up child:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

1. Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade Fall('19): \_\_\_\_\_  
Health issues/needs/medication\*: \_\_\_\_\_  
\_\_\_\_\_

2. Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade Fall('19): \_\_\_\_\_  
Health issues/needs/medication\*: \_\_\_\_\_  
\_\_\_\_\_

3. Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade Fall('19): \_\_\_\_\_  
Health issues/needs/medication\*: \_\_\_\_\_  
\_\_\_\_\_

4. Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade Fall('19): \_\_\_\_\_  
Health issues/needs/medication\*: \_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for my child(ren)/ ward(s) to participate in Totus Tuus at the Cathedral of St. Peter Catholic Church in Rockford, IL, June 9-13 (Jr. High School)/June 10-14 (elementary), 2019. I hereby release and indemnify the Dioceses of Rockford and its Bishop, the Cathedral of St. Catholic Church, the staff and volunteers, and the Totus Tuus team from all claims for personal injuries or property damage that my child(ren) may suffer while participating in this program.

I hereby give permission for any photographs which include my child(ren) to be used in various parish communications and in the diocesan newspaper. Yes \_\_\_ No \_\_\_ Please Initial \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian Date

- \_\_\_ I would be able to help at lunchtime (12-1pm) during one or more of the daytime sessions.
- \_\_\_ I would be able to bring in Kool-Aid/Lemonade mix
- \_\_\_ I would be able to provide lunch for the Totus Tuus team (4 young adults)
- \_\_\_ I would be able to have the Totus Tuus team over for dinner one night (dinner is at 5:15pm)
- \_\_\_ I would be able to bring a package of cookies to share for snack

Please make checks payable to: St. Peter  
Cost: Grades 1-6: \$30 per child, Grades 7-8: \$15; maximum \$60 per family  
Amount enclosed: \_\_\_\_\_

*\* All medications except inhalers must be turned into Totus Tuus volunteers to be kept in a secure location. Please notify the parish coordinator Nancy Spahr about any serious conditions that require close supervision.*