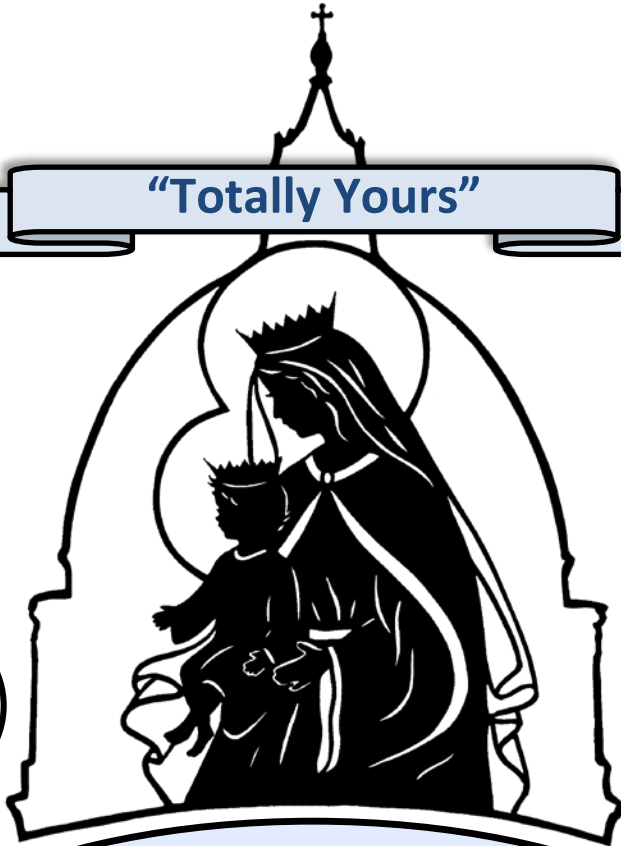


Totus Tuus

Vacation Bible School

"Totally Yours"



Lunch
Provided

\$25 / child
or
\$35 / family

July 17-21, 2016

7th - 12th Grades: 7:30pm - 9:45pm

July 18-22, 2016

1st - 6th Grades: 9:00am - 3:00pm

The mission of Totus Tuus is to inspire in young people a true longing for holiness, a deep desire for daily conversion, and openness to their vocation by constantly challenging them to give themselves entirely to Christ through Mary and by continually strengthening their prayer lives in imitation of Her.

Totus Tuus, a Latin phrase meaning "totally yours," was the motto of Pope John Paul II.

It signifies our desire to give ourselves entirely to Jesus Christ through Mary.

School/Parish **ST. THOMAS AQUINAS** City: **PILOT POINT** Parish Year: 20 **16** - 20 **17**

REGISTRATION CONSENT AND WAIVER FORM for YOUTH ACTIVITIES

This Form must be completed and executed for participation in the Youth Activities as a part of registration.

(Please print)

Participant's Name: _____ Birth Date: _____ Age: _____ Girl/Boy: _____

Address: _____ City/State: _____ Zip: _____

Home Telephone: (____) _____

Participant resides with (check all that applies): Mother _____ Father _____ Guardian(s) _____

Custodial Parent/Legal Guardian's Name: _____

Home Address: _____ City/State: _____ Zip: _____

Home Telephone: (____) _____ Business (____) _____ Cell (____) _____

Emergency Contact: _____ Relationship: _____

Home Telephone: (____) _____ Cell: (____) _____

Second Contact: _____ Relationship: _____

Home Telephone: (____) _____ Cell: (____) _____

PARTICIPATION PERMISSION: I, the undersigned, am custodial parent/legal guardian of Participant and request that he/she be to allowed participate in the Youth programs, events and activities to be held at **ST. THOMAS AQUINAS** parish during the 20**16**/20**17** school/parish year (the "Youth Activities"). I understand that the 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 Diocese of Tulsa/Archdiocese of Oklahoma City, or **ST. THOMAS AQUINAS** 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 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): _____

Date of last tetanus immunization: _____

Participant's Primary Physician: _____ Telephone: (____) _____

Health Plan Carrier: _____

Group#: _____ Policy#: _____

Name of primary insured: _____

_____ (Parent Initial)

As a rule, medication will not be administered by Youth Program staff. The exception is a Youth program or activity that includes an extended day or overnight activity. If medication is required a separate 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 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. THOMAS AQUINAS**, the Bishop of the Diocese of Tulsa/Archdiocese of Oklahoma City, and the Diocese of Tulsa/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 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 YOUTH ACTIVITIES consisting of two (2) pages.

SIGNATURE:

Custodial Parent/Guardian Name (please print): _____

Custodial Parent/Guardian Signature: _____ **Date** _____

**ALL PARTICIPANTS FOURTEEN 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. THOMAS AQUINAS** and that failure to do so may result in my being required to leave the Youth Activity, and not being allowed to participate in future programs and activities, at the discretion of the Parish/School.

SIGNATURE

Participant's Signature _____ **Date** _____

Enrollment Form OK TOTUS TUUS 2016

Participant(s) reside(s) with (check all that applies): Mother Father Guardian

Custodial Parent/Legal Guardian's Name: _____

Address: _____ City/State: _____ Zip: _____

Phone (H): (____) _____ (W) (____) _____ (C) (____) _____

Email: _____

Children being enrolled in TOTUS TUUS and their grade level for the **2016-2017** school year:

NAME	GRADE	MEDICAL INFO TO BE AWARE OF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL EMERGENCY CONTACT: 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.

Emergency Contact: _____ Relationship: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

2nd Emergency Contact: _____ Relationship: _____

Home Telephone: (____) _____ Work (____) _____ Cell (____) _____

PERMISSION TO PUBLISH: In an attempt to share information concerning the outstanding accomplishments of our youth, we will write articles and provide pictures for publication in various media, including, but not limited to, the Totus Tuus and arch/diocesan Internet websites, and the *Eastern Oklahoma Catholic/Oklahoma Sooner Catholic*. To include your child and his/her work in this publicity, we must have your written permission. You have the right to revoke permission at any time.

Please Check Below:

- I grant permission to the Diocese of Tulsa/Archdiocese of Oklahoma City and Totus Tuus to use pictures of my child/children in positive media presentations.
- I DO NOT grant permission to the Diocese of Tulsa/Archdiocese of Oklahoma City and Totus Tuus to use the pictures my child/children in positive media presentations.

Signature of Custodial Parent/Guardian

Date