



**Totus Tuus Registration Form
Corpus Christi
Rising 7th-12th grade
Sun, July 22 – Thurs, July 26, 2018**

Participant Name _____

Grade (upcoming school year) _____ DOB _____

Address: _____
Street City Zip Code

Primary Phone Number _____

Email Address _____

Emergency Contact Name _____

Phone Number of Emergency Contact _____

Current Medications _____

Medical/Drug Allergies _____

Food/Other Allergies _____

Cost: \$10 per child

Schedule: 7:00 – 9:00 pm. (Pick-up and drop-off Rooms 5 & 6. No dinner provided)

Medical Release

In the event of an illness, I request that the designated volunteer or the Coordinator of Youth Evangelization obtain medical treatment on my behalf for my student if I or the emergency contact cannot be reached. Prescription medication will be given in its original container with dosage information on it. I understand reasonable precautions will be taken to safeguard the health and well-being of my child and that I will be contacted immediately in case of emergency or accident. I will not hold the Parish, Diocese of Phoenix, the Chaperone or Coordinator of Youth Evangelization responsible for accident or injury.

Behavior Agreement

My child, named above, will dress and act respectfully; use no verbal or physical abuse of self or others; will be responsible for their own belongings; and will not leave the designated area at any time for any reason without contacting the adult in charge. I understand that if the child named above is involved in serious disruptive behavior that I will be contacted immediately and be responsible for their immediate transportation home.

Parent Signature _____

Date _____