

**Dixon Totus Tuus  
2018 Registration Form**

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('18): \_\_\_\_\_

Health issues/needs/medication\*: \_\_\_\_\_

2. Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade Fall('18): \_\_\_\_\_

Health issues/needs/medication\*: \_\_\_\_\_

3. Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade Fall('18): \_\_\_\_\_

Health issues/needs/medication\*: \_\_\_\_\_

4. Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade Fall('18): \_\_\_\_\_

Health issues/needs/medication\*: \_\_\_\_\_

I hereby give permission for my child(ren)/ ward(s) to participate in *Totus Tuus* at St. Anne Catholic Church in Dixon, IL, July 22-26 (Jr. High School)/July 23-27 (elementary), 2018. I hereby release and indemnify the Dioceses of Rockford and its Bishop, St. Anne 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 will be able to provide lunch once for the Totus Tuus team (4 young adults)

\_\_\_ I will be able to provide dinner once for the Totus Tuus team (4 young adults)

Please make checks payable to: St. Anne Church or St. Patrick Church

Cost: Grades 1-6: \$30 per 1 child, \$50 per 2 children, 3 or more children \$60 Grades 7-8: \$10; maximum \$60 PER FAMILY MAX

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 Piper Grazulis 815-288-3131 about any serious conditions that require close supervision.