TOTUS TUUS 2021: JUNE 20 – 25, 2021

REGISTRATION FORM ~ PLEASE RETURN TO ST. GABRIEL'S PARISH OFFICE BY JUNE 6

LOCATION: St. Gabriel's *Hosted by St. Gabriel's & the Tri-parish cluster of St. Ann's.*

ELEMENTARY PROGRAM: 9 A.M.-2:30 P.M., Mon-Fri. / HS SESSIONS: 7 - 9 P.M., Sun–Thur.

COST $20 PER STUDENT/$50 MAXIMUM PER FAMILY **(Checks payable to St. Gabriel Faith Formation/** *Totus Tuus in memo)*

Parent Name_____

Mailing Address_____

City_____ State_____ Zip_____

Home Phone_____ Cell_____

Email_____ Parish _____

EMERGENCY CONTACT:

1. _____ _____ _____
   contact name relationship to child phone number_
2. _____ _____ _____
   contact name relationship to child phone number

Child's Name_____ Going into Grade____

Allergies and/or other medical condition (s) _____

Child's Name_____ Going into Grade____

Allergies and/or other medical condition (s) _____

Child's Name_____ Going into Grade____

Allergies and/or other medical condition (s) _____*(Extra children can be listed on back of this sheet)*

CAN YOU HELP? We need two separate parish families to host *The Team* (Two men/Two women). We also need families to host *The Team* in their home for evening meals at 5:30 p.m. (Sun., Mon., Tues. & Thursday). Also, if you'd be able to provide a noon meal for *The Team*, that would be great!

YES, I CAN HOST A TEAM OF TWO BOYS OR TWO GIRLS IN MY HOME!: _____(BOYS OR GIRLS)

YES, I CAN PROVIDE AN EVENING MEAL FOR THE TEAM IN MY HOME (5:30 P.M.): _____
If there's a particular day that works best for you, please indicate which day.

YES, I CAN PROVIDE A MEAL FOR THE TEAM DURING THE DAY AND BRING IT TO THE CHURCH BASEMENT KITCHEN (NOON): _____ *Indicate which day of the week works best!*

I give permission for my students to participate in the activities at Totus Tuus and I warrant that my child is in good health and assume all responsibility for the health of my child. In consideration of my child's participation, I agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and defend the Diocese of Winona-Rochester, parishes of Ss, Ann, Columba, Mary, Gabriel, Anthony and IHM its officers, directors, employees and agents, chaperones, or representatives associated with the event, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith; and any injury to my child from any cause or person whatsoever, any actions, claims, or demands that may arise because of my child's actions or omissions resulting in injury or damage. I agree to compensate the above named parish/school and the Diocese of Winona-Rochester, parishes of Ss, Ann, Columba, Mary, Gabriel, Anthony and IHM for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the above parish/school and Diocese of Winona in connection therewith.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. I agree to pay the cost of medical treatment in connection therewith, and agree to compensate the parish and the Diocese of Winona-Rochester, parishes of Ss, Ann, Columba, Mary, Gabriel, Anthony and IHM also for expenses incurred.

Parent or Guardian Signature_____