



# TOTUS TUUS

REGISTRATION / PERMISSION FORM  
July 13-18, 2014 at St. John School  
\$25 / day program, \$15 / night program  
Register by June 15, 2014

**CHILDREN ATTENDING TOTUS TUUS:**

_____	Grade in Sep: _____	Shirt sz: _____
_____	Grade in Sep: _____	Shirt sz: _____
_____	Grade in Sep: _____	Shirt sz: _____
_____	Grade in Sep: _____	Shirt sz: _____

Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

**PARENT INFORMATION:**

Mother's Name: \_\_\_\_\_ Work/Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Work/Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_

Please list any medical information which may be helpful (allergies, diabetes, asthma, etc.) & name of child:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parental consent for child to participate in the Totus Tuus program:

\_\_\_\_\_  
 Parent's Signature Date

**VIDEOTAPING AND STILL PHOTOGRAPHS:**

This authorization form constitutes permission for my child(ren)'s participation in videotaping and/or photographs which may be taken during the program. They may be used for future promotional efforts.

\_\_\_\_\_  
 Parent's Signature Date

Contact me! I would like to help!