## **TOTUS TUUS Youth Summer Day Camp**

July 9<sup>th</sup> - July 14<sup>th</sup>, 2023

St. Ann Catholic Church, 800 W. 13th Street, Cadillac, 231.775.2471

**7<sup>th</sup>-12<sup>th</sup> grade\*** Sun. - Thurs., 7:00 p.m. - 9:15 p.m.

Current 4yr-old-K\* Mon. - Fri. 9:00 a.m. - 2:30 p.m 1<sup>st</sup>-6<sup>th</sup> grade\* Mon. - Fri. 9:00 a.m. - 2:30 p.m.

NAME OF	F PARENTS/GUARDIANS:			
STREET ADDRESS:			CITY:	
TELEPHO				
Home: (_	) Work: ()		Cell: ()	
Email:		_ NAME O	OF PARISH:	
	*Grade level for th	e <b>2023-20</b>	<b>024</b> school year.	
eck if eived 1 <sup>st</sup> nunion	Child's Name (first & last)	Age & Grade*		
Catho In an atte write artic limited to	empt to share information concerning cles, produce videos, and provide pictor, the Totus Tuus and diocesan interr	ocese of I the outstan ures for pub net website		
	the right to revoke permission at any tir eck below:	ne.		
		rlord, Dioce	ese of Marquette, and Totus Tuus to use the	
	nd video of my child/children in positiv			
	DO NOT grant permission to the Dioce ctures and video of my child/children in		ord, Diocese of Marquette, and Totus Tuus to media presentations.	
Sin	nature of Parent/Guardian	_	 Date	

(Please complete both sides.)

Emergency Contact:	Relationship to participant(s):				
Contact Home Phone:	Contact Work or Cell Phone:				
Insurance Company:	Policy #:				
Physician Name:	Phone:				
List any Allergies/Medications/Medical Concerns, including food allergies per child:					
<b>Does your child(ren) have any spec</b> If so, what extra assistance or accor	cial needs that the staff should be made aware of? mmodations are needed?				
Individuals Authorized to pick up my Ch I understand that I, premises to pick up my child(ren) afte individuals who come into the premises	, or one of the individuals named above must come into the er each daily session. Students will only be released to authorized				
me/my child and to use my/our person	ts  hild is injured or becomes ill for medical care to be administered to lal insurance to cover such incidents. I hereby give permission to the atment deemed necessary and appropriate by the physician.				
	ne attention of the Diocesan and/or parish chaperones that my child for non-prescription medication (such as Tylenol, lozenges, etc.) to be				
and all participating parishes, Totus To Marquette from and against any and all arising from personal injury, sickness, incurred or suffered by the undersigned to indemnify and hold harmless St. Ar Catholic Dioceses of Gaylord and Marq agents, sponsors, and promoters from a such claims against persons or organiza	rever discharge and agree to hold harmless St. Ann Catholic Church uus, the Catholic Diocese of Gaylord, and the Catholic Diocese of I kind of liability, claims, demands, lawsuits, and expenses of any kind death or property damage of any kind whatsoever which may be and/or the undersigned's minor child. The undersigned further agree on Catholic Church, and all participating parishes, Totus Tuus and the uette and its respective members, officers, directors and employees any and all liability, claim, loss, damage, cost or expense and waive any tions arising directly or indirectly from or attributable in any action of a rorganization in connection with the sponsorship, organization and				
aforementioned chaperones/representa that I/my child can be dismissed from t	by child to abide by all the rules and regulations as outlined by the stives. I agree that if I/my child fail(s) to abide in any way by the rules he event and sent home immediately at my expense with no right of amount in connection therewith from the Diocese or its				
Signature of Parent/Guardian	Date				