

TOTUS TUUS Youth Summer Day Camp

July 13th - July 18th, 2025

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

7th-12th grade* Sun. - Thurs., 7:00 p.m. - 9:15 p.m.

Kindergarten (5yrs+) * Mon. - Fri. 9:00 a.m. - 2:30 p.m.

1st-6th grade* Mon. - Fri. 9:00 a.m. - 2:30 p.m.

Registration Forms due Monday, July 7, 2025

NAME OF PARENTS/GUARDIANS: _____

STREET ADDRESS: _____ CITY: _____

TELEPHONE:

Home: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____ NAME OF PARISH: _____

*Grade level for the **2025-2026** school year (2025 graduating seniors are welcome to attend!)

Check if Received 1 st Communion	Child's Name (first & last)	Age & Grade*	Medical Information

COST: Donations encouraged to cover snacks and materials

LUNCH IS NOT PROVIDED- PLEASE BRING A SACK LUNCH!

Catholic Diocese of Gaylord and Diocese of Marquette Permission to publish

In an attempt to share information concerning the outstanding accomplishments of our youth, we will write articles, produce videos, and provide pictures for publication in various media, including, but not limited to, the Totus Tuus and diocesan internet websites, the U.P Catholic Newspaper, and parish bulletins. To include your child and his/her work in this publicity, we must have your written permission. You have the right to revoke permission at any time.

Please check below:

_____ I grant permission to the Diocese of Gaylord, Diocese of Marquette, and Totus Tuus to use the pictures and video of my child/children in positive media presentations.

_____ I DO NOT grant permission to the Diocese of Gaylord, Diocese of Marquette, and Totus Tuus to use the pictures and video of my child/children in positive media presentations.

Signature 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:

Does your child(ren) have any special needs that the staff should be made aware of? _____
If so, what extra assistance or accommodations are needed?

Individuals Authorized to pick up my Child(ren) are: _____

I understand that I, _____, or one of the individuals named above must come into the premises to pick up my child(ren) after each daily session. Students will only be released to authorized individuals who come into the premises to pick up child(ren) regardless of age.

Medical Permission for Youth and Adults

I grant permission in the event I/my child is injured or becomes ill for medical care to be administered to me/my child and to use my/our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

Permission for Other Medical Matters

____ **YES**, in the event it comes to the attention of the Diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to my child.

Release of Liability for Youth and Adults

The undersigned do hereby release, forever discharge and agree to hold harmless St. Ann Catholic Church, and all participating parishes, Totus Tuus, the Catholic Diocese of Gaylord, and the Catholic Diocese of Marquette from and against any and all kind of liability, claims, demands, lawsuits, and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or the undersigned's minor child. The undersigned further agree to indemnify and hold harmless St. Ann Catholic Church, and all participating parishes, Totus Tuus and the Catholic Dioceses of Gaylord and Marquette and its respective members, officers, directors and employees, agents, sponsors, and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the event named.

Code of Behavior for Youth and Adults

I agree to abide by and/or instruct my child to abide by all the rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/my child fail(s) to abide in any way by the rules, that I/my child can be dismissed from the event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from the Diocese or its chaperones/representatives.

Signature of Parent/Guardian _____ **Date** _____