

FOR OFFICE USE
Date Received: _____
Amount: \$ _____
Check # _____

**TOTUS TUUS 2018 – Children Summer Bible Camp
(Due in Parish Education Office by June 29, 2018)**

REGISTRATION FORM // PERMISSION SLIP

Child's name	Child's Age	Child's Grade in 2018-2019
has my permission to participate in the St. Thomas Aquinas Totus Tuus – Children Summer Bible Camp the week of July 9 – 13, 2018.		

I hereby release and indemnify St. Thomas Aquinas Parish, its staff, volunteers, the Diocese of Madison, and the Catholic Bishop of Madison (A Corporation Sole), from any and all liabilities arising from claims of any kind whatsoever from my child's participation in this event.

(Signature of Parent or Guardian)	(Date)
(Email of Parent or Guardian)	(Phone number of Parent or Guardian)

AUTHORIZATION FOR MEDICAL TREATMENT

To Whom it May Concern:
As the parent and/or guardian, I do herewith authorize medical treatment for the above named minor in the event of a medical emergency. This authority is granted only after a reasonable effort has been made to reach me. This release is valid for the week of July 9 – 13, 2018.

(Signature of Parent or Guardian)	(Date)
(Address)	
(Primary & Alternate Phone Numbers)	(Email Address)

Family Physician: _____ Phone: _____
Insurance Carrier: _____ Policy #: _____

Please specify any known allergies (including food allergies), chronic illnesses, and/or current medications being taken by your child:

Another person to contact in case of emergency:

Name/Relationship: _____ Phone: _____