

**TOTUS TUUS 2021 – Children Summer Bible Camp**  
**(Due in Parish Education Office by June 25, 2021)**

**FOR OFFICE USE**

Date Received: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
Check # \_\_\_\_\_

**REGISTRATION FORM & PERMISSION SLIP**

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<b>Child's name</b>	<b>Child's Age</b>	<b>Child's Grade in 2021-2022</b>
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has my permission to participate in the St. Thomas Aquinas Totus Tuus – Children Summer Bible Camp the week of July 12 – 16<sup>th</sup>, 2021.

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.

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(PRINT Parent Name)	(Signature of Parent or Guardian)	(Date)
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(Email address of Parent or Guardian)	(Phone number of Parent or Guardian)
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**PHOTO PERMISSION**

St. Thomas Aquinas has my permission to photograph my child(ren). **YES / NO** (Please circle)

**SPECIAL LEARNING NEEDS OR MEDICAL NEEDS**

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

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**IN CASE OF EMERGENCY, another person to contact:**

**Name/Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**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 12 – 16<sup>th</sup>, 2021.

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(Signature of Parent or Guardian)	(Date)
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(Address)

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(Primary & Alternate Phone Numbers)	(Email Address)
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Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_