



**LUMEN CHRISTI/TOTUS TUUS**  
**at St. Marys Rock Valley July 18-23, 2021**  
**Registration & Parental Consent Form and Liability Waiver**

**FEES: \$25 PER FAMILY**

Paid: \_\_\_\_\_

Father & Mother Name \_\_\_\_\_

Home address \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Child Name: \_\_\_\_\_ Grade 2020-21 \_\_\_\_\_

Child Name: \_\_\_\_\_ Grade 2020-21 \_\_\_\_\_

Child Name: \_\_\_\_\_ Grade 2020-21 \_\_\_\_\_

Child Name: \_\_\_\_\_ Grade 2020-21 \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend (name of parish/school), its officers, directors, employees and agents, and The Diocese of Sioux City, its employees, and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/school/diocese.

\_\_\_\_\_ (Please Initial) **Photo Release:** Pictures of my child taken during the event may be used in print or electronic media for the purposes of publicity for future events, unless I indicate to the Diocesan Director of Religious Education in writing to the contrary.

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

#1 Contact Name & Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

No medication of any type whether prescription or non-prescription, will be administered to my child unless the situation is life-threatening and emergency treatment is required.

**Specific Medical Information:** The parish/school will take reasonable care to see the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_