



St. Isidore Parish & St. Francis Parish

Location: 203 E Main St., Teutopolis, IL 62467

Totus Tuus

Registration for Summer 2026

Please complete both sides of the registration form.

COST

St. Isidore/St. Francis Parishioner: \$10/participant, \$30/family(max)

Non-Parishioner: \$15/participant, \$45/family (max)



GRADE	DATES	TIMES
2026-'27 7th-High School	Sunday, June 14 thru Thursday, June 18	6:30pm - 8:15pm
2026-'27 Grades 1-6th	Monday, June 15 thru Friday, June 19	9:00am - 2:30pm

PARTICIPANT INFORMATION		HOME PARISH _____		
		LOCATION: _____		
Name(s) of Child(ren) Please Print Last Name, First Name	Allergies, Medications (w/dosage), Medical conditions, Food Restrictions (If more room is required, please attach another paper)	1st-12 Grade '26-'27	Birthdate Month/Day/Year	
1				
2				
3				
4				
5				

PARENT/GUARDIAN/CONTACT INFORMATION

Name of Parent(s)/Guardian(s) _____

Address _____

Phone (home) _____ (cell) _____ Email _____

ADDITIONAL EMERGENCY CONTACT INFORMATION: Name and phone number of an adult to contact in the event of emergency and you cannot be reached at the number(s) above.

Name: _____ Phone Number: _____

Name of Family Physician: _____ Phone Number: _____

Insurance Company: _____ Policy #: _____

FAMILY VOLUNTEERS

I would like to help with the program on the following day(s):

Name _____

Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

My child(ren) (7th grade or older) would like to help with the program. Totus Tuus _____

Name(s) _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Medical Authorization:

YES ___ NO ___

I understand that the Diocese of Springfield in Illinois and its employees and agents and Totus Tuus and its employees and agents assume no responsibility for accidents which may occur in association with diocesan events and activities. I agree to use my/our personal insurance to cover any such incidents. I understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician, or any other qualified medical staff selected by the event leader, to hospitalize, secure medical treatment, and/or order injection, anesthesia, or surgery for Participant as deemed necessary.

Permission for Other Medical Matters:

YES ___ NO ___

In the event it comes to the attention of the Diocesan and/or parish chaperones that my child(ren) complain(s) of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to the Participant.

Release of Liability for Youth and Adults:

YES ___ NO ___

I understand all reasonable safety precautions will be taken at all times by the Diocese of Springfield in Illinois and its agents and Totus Tuus and its employees and agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Diocese of Springfield in Illinois and its agents and Totus Tuus, its leaders, employees and volunteer staff from any and all claims arising from or in connection with attending this event.

Code of Behavior for Youth and Adults:

YES ___ NO ___

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

Media release:

YES ___ NO ___

I hereby grant the Diocese of Springfield in Illinois permission to use my likeness in a photograph, or any filmed, video, or taped media, in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the Diocese of Springfield in Illinois and its agents and will not be returned. I hereby irrevocably authorize the Diocese of Springfield in Illinois and its agents to edit, alter, copy, exhibit, publish or distribute this photo or any filmed, video, or taped media for purposes of publicizing the Diocese of Springfield in Illinois' and its agents programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or other media. I hereby hold harmless and release and forever discharge the Diocese of Springfield in Illinois and its agents from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I am at least 18 year of age and am competent to contract in my own name.

Signature of Parent/Guardian _____ Date _____

PAYMENT INFORMATION

Total number of participants: _____ Total family cost: _____

Paid by: Check # _____ Cash _____ Date: _____

_____ In addition, I choose to donate to help defray the additional/incidental costs for the programs (snacks, crafts, etc.). \$ _____

NOTE: Checks should be made payable to **St. Isidore the Farmer Parish** 19812 E 1000th Ave Dietrich, IL 62424

ADDITIONAL IMPORTANT INFORMATION FOR DAYTIME SESSIONS

MOST APPROPRIATE attire for activities coupled with DAILY MASS: *Tee shirts and tennis shoes including Friday, no swimsuits please*

DAILY SNACK will be provided.

EACH PARTICIPANT is to bring his/her own sack lunch (some refrigeration available)

PERSONAL WATER BOTTLES should be labeled and brought each day.

ALL PERSONAL ITEMS ARE TO BE MARKED/IDENTIFIED WITH PARTICIPANT NAME.

If you have any questions, please contact Stephanie Niemerg 217-821-5970.