



# CHRIST THE KING CHURCH

5973 SW 25th Street • Topeka, Kansas 66614 • 785-273-0710  
www.cktopeka.org • dfrost.ck.re@gmail.com

THIS MUST BE COMPLETED AND TURNED IN TO DEB FROST BEFORE YOUR STUDENT MAY PARTICIPATE

## TOTUS TUUS PERMISSION & LIABILITY WAIVER AND HEALTH FORM

Name \_\_\_\_\_ Catholic Y\_\_\_ N\_\_\_ First Communion Y\_\_\_ N\_\_\_

Street Address \_\_\_\_\_

City, State and ZIP \_\_\_\_\_

Gender \_\_\_\_\_ Parish \_\_\_\_\_

Date of Birth \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Grade in fall \_\_\_\_\_ Male \_\_\_ Female \_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY # \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Is the student able to participate in general activities? Yes \_\_\_ No \_\_\_ Contact Wearer Yes \_\_\_ No \_\_\_

If not, please indicate special circumstances and situations here: \_\_\_\_\_

**Medications:** Please list medications and frequency: \_\_\_\_\_

Does the student have any medical limitations, medicine allergies or other needs that we need to be aware of?

Please describe: \_\_\_\_\_

Please list any special dietary needs: \_\_\_\_\_

**A photocopy of your Primary Health Insurance card MUST be submitted with this form.**

[over]

# PARENTAL PERMISSION FOR YOUTH UNDER 18

**PLEASE NOTE THAT A SIGNATURE IS REQUIRED ON THIS PAGE**

I/we the parent(s) of \_\_\_\_\_, request that our child be allowed to participate in the following activity, and do hereby grant permission for the person named above to participate in the following activity: **TOTUS TUUS OF KCK** to be held at Christ the King, **6/17-6/22, 2018**.

## 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 our personal insurance to cover such incidents. After discussion with the emergency contact, I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

## Release of Liability for Youth and Adults

The undersigned do hereby release, forever discharge and agree to hold harmless the office of Youth & Young Adult Ministry and the Catholic Archdiocese of Kansas City in Kansas, and also Christ the King in Topeka Kansas. From and against any and all kinds 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 minor child.

The undersigned further agree to indemnify and hold harmless the Office of Youth and Young Adult Ministry and the Catholic Archdiocese of Kansas City in Kansas and also Christ the King in Topeka KS and their 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 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 rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/my child fail(s) to abide in anyway 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 Archdiocese or its chaperones/representatives.

**Photo Release:** Photos of Participant may be exhibited in our church, in our bulletin, on our website or in the Leven.

Please Circle your wishes:    Yes to all            Yes to those items circled only            No

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian\* \_\_\_\_\_ Date \_\_\_\_\_

\*Required if participant is under 18

<i>Office Use Only</i>		
1-2 _____	3-4 _____	5-6 _____
JH _____ SH _____		
Fee _____ PD _____		
Notes:		