

**Please return completed form to:**

Day Program: Karen Kirkland  
Christ the King  
299 Colony Blvd. 40502

Grades: 1-5 9:00-2:30

\*\*\*Please send a sack lunch, 2 drinks,  
and a snack for your child each day.

Daily mass 11:15. All welcome!  
Starts Monday morning, June 26

# TOTUS TUUS of Lexington Cathedral of Christ the King

## June 25-30, 2017

### Day: 9:00-2:30 Evening: 7:00-8:45

Registration Fee: \$20.00 per child

### SUMMER CATECHETICAL PROGRAM

✠ Roman Catholic Diocese of Lexington

**Please return completed middle school and high school form to:**

Rebecca Whitney  
Christ the King  
299 Colony Rd 40502

Middle and High School  
7:00-8:45 Starts Sunday evening,  
June 25

Circle one: **Child** Teen Volunteer

Name: \_\_\_\_\_

Gender: (circle one) M F Age: \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

T-shirt size: (circle one)

Child sizes: S M L Adult sizes: S M L XL XXL

Allergies, medical conditions, or special needs:

\_\_\_\_\_

Health Insurance # (if applicable):

\_\_\_\_\_

**Family Information:**

Parents/Guardians' Name(s):

\_\_\_\_\_

Address: \_\_\_\_\_

Sacraments student has received:  Baptism  Reconciliation  
 1st Communion  Confirmation

Is child enrolled in Catholic Doctrine instruction? \_\_\_\_ Where? \_\_\_\_\_

**Phone Numbers:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this Totus Tuus program and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the Totus Tuus Team, or other associated volunteers of the Totus Tuus program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, Parish and/or Organization from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the Totus Tuus.

Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the Totus Tuus week or for future advertisement of Parish Totus Tuus programs. Any other use will require your further consent.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date