

# TOTUS TUUS CAMP DAY



Totus Tuus Camp Day is a one-day, high impact camp for youth entering grades 7-12 in the fall of 2010. The day will include games (indoor and/or outdoor), lunch, dinner, discussions, prayer, Mass, and the opportunity for Confession. You will also get to meet new friends, some seminarians, archdiocesan priests, religious sisters, and Jesus in the Sacraments!

Monday, Aug. 2  
2010

Jr. High Guys  
Jr. High Girls  
High School Guys  
High School Girls

Daily Schedule:

9:30 a.m. Registration  
10 a.m.-7p.m. Camp

Totus Tuus Camp Day

Will be held at:

Maryville Academy  
1150 N. River Rd.  
Des Plaines, IL 60016

Camp Fee:  
\$25 per person  
(scholarships available)

[www.TotusTuusChicago.com](http://www.TotusTuusChicago.com)

## Registration Form

Cut along dotted line and return bottom portion)

Registration deadline July 31, 2010 . \$ 5.00 add at door

I request that my child (print child's name): \_\_\_\_\_, be allowed to participate in Totus Tuus Camp Day being held at Maryville Academy on August 2, 2010. I hereby release and indemnify Totus Tuus, its staff, volunteers, and the Archdiocese of Chicago from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program. I grant permission for the administration of First Aid to my above named child by the people in charge of the Totus Tuus Camp Day in the event that I am not in attendance, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child. *Jr. High includes children entering grades 7-8 and high school includes teens entering grades 9-12 in the fall of 2010.*

Camp attending: \_\_\_ JH/HS Boys \_\_\_ JH/HS Girls

### Parent/Guardian Information

Parent/Guardian Signatures: \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

In case of Emergency, contact: \_\_\_\_\_

Phone #'s: \_\_\_\_\_ E-mail: \_\_\_\_\_



Please list any food allergies or pertinent medical information (allergies, medications, diabetes, asthma, etc.)

\_\_\_\_\_  
\_\_\_\_\_

### Insurance Information

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Identification/Social Security Number: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

**Please return camp fee: Check to: Archdiocese of Chicago- and bottom portion of this (registration) form to:**

Archdiocese of Chicago—Vocations Office

835 N. Rush St.

Chicago, IL 60611

**Please contact Pat Pacer with any questions!**

312.534.2587 or [ppacer@archchicago.org](mailto:ppacer@archchicago.org)