

# ST. MARY'S PARISH, WEST POINT

## TOTUS TUUS REGISTRATION AND INFORMATION

**Grades 1-6** (Fall of 2023 entering grade)

Mon-Fri, June 26-30, 2023 - 9am to 2:30pm

**Grades 7-12** (Fall of 2023 entering grade)

Sun-Thurs, June 25-29, 2023 - 7pm to 9pm

### GENERAL INFORMATION:

- Totus Tuus (Totally Yours) is a fun and energetic parish based summer catechetical program, for both grade school age children and junior and senior high school youth.
- Attire: School appropriate, comfortable, attire. (Gym shorts and tshirt recommended). GS participants should wear comfortable shoes as they will have games and recess.
- **Grades 1-6 will be required to bring a sack lunch in a personal cooler each day.**
- More information can be found on the Omaha Archdiocese Website at:  
<https://archomaha.org/youth-ministry/totus-tuus-omaha/>

### PLEASE NOTE:

- Space is limited. If registration is full your child will be put on a waiting list.
- If your child is registered for Totus Tuus, and will not be attending, please contact Jen ASAP so that their spot can be filled with a student on the waiting list. If their spot is filled, you will be refunded your \$25 registration fee.
- Families registering MORE than 3 children, please cap your payment at \$75.

### How to sign up for Totus Tuus:

- Fill out the Totus Tuus Registration Form.
- Attach \$25 - Checks payable to St. Mary's
- **Hand in: ♦ Registration Form and ♦ \$25 Fee**  
**When: Saturday, March 4, 2023 - 8am-10am**  
**Location: St. Mary's Rectory Office**
- Registration after March 4th:
  - Drop off at the St. Mary's Rectory Office.
  - 7-12 Students may hand in registration at the GACC HS Office or Rectory.
- Registration will be handled on a first come, first served basis. Space is limited.
- Incomplete Registration Forms or missing Enrollment Fees will deem your registration incomplete. Your registration will not be processed until all necessary forms have been completed.

Jen Kreikemeier.

402.380.2010

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OFFICE OF TOTUS TUUS  
ARCHDIOCESE OF OMAHA

Medical/Liability Release Form (Revised March 2010)  
PLEASE PRINT IN INK:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ e-mail \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ (circle one) M F  
 Emergency Contact # 1 \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
 Contact Home Phone \_\_\_\_\_ Contact Work Phone \_\_\_\_\_  
 Emergency Contact # 2 \_\_\_\_\_ Relationship to participant \_\_\_\_\_  
 Contact Home Phone \_\_\_\_\_ Contact Work Phone \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
 List any Allergies/Medications/Medical Concerns, including food allergies: (Contact wearer: Yes No) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 my/our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

**Permission for Other Medical Matters**

\_\_\_\_ YES, in the event it comes to the attention of the archdiocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to my child.

**Release of Liability for Youth and Adults**

The undersigned do hereby release, forever discharge and agree to hold harmless the Office of Vocations/Totus Tuus and the Archdiocese of Omaha from and against any and all kind 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's minor child.

The undersigned further agree to indemnify and hold harmless the Office of Vocations/Totus Tuus and the Archdiocese of Omaha and its 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 organizations arising directly or indirectly from or attributable in any action or omission to act of any such person 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 any way 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.

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

\*Required if participant is under 18