



Totus Tuus is coming!!

July 22 – 27

to our 4 parish communities and will be held at St. Joseph Parish

This program is for all young people who will be entering grades 1 – 12 next Fall. Totus Tuus is led by a team of college students and seminarians who will teach and instruct our youth, with a GREAT MEASURE OF FUN and EXCITEMENT!

The excitement begins Sunday night with our youth in grades 7 – 12 and then a week packed with learning and fun for those in grades 1 – 6 begins on Monday morning.

Grades 7 – 12:

Will meet evenings from 7 – 9pm from Sunday, July 22 to Thursday, July 26.
If you can't make it every night that is fine – come when you can.

Grades 1 – 6:

Will meet Monday, July 23 through Friday, July 27 with session running from 9am until 3pm. All students need to bring a sack lunch Monday – Thursday.

Please complete a form for each student attending and return to your parish DRE or the main 4 parish office as soon as possible so we can reserve your spot.

Parents: Can you volunteer during the week? There are many ways that you can help!
If you can volunteer some time, please complete the following:

Name: _____

Circle days you can help: M T W TH F

Email _____

Best Ph# _____

TOTUS TUUS of KCK Student Registration – Permission - Medical Release Form

Student Name _____ Best Ph # _____

Address _____ Church _____

Student Birth date ____ / ____ / ____ Male Female Grade in the fall _____

Is the student Catholic? Yes No Has the student received 1st Communion? Yes No

Emergency Contact Name _____ Relationship _____

Best Ph # _____ Other Ph # _____

Insurance Company _____ Policy # _____

Physician _____ Ph # _____

Allergies – Medications – Medical Concerns – please list: _____

Circle any that apply: Contact Wearer Peanut Allergy Gluten Allergy Milk Allergy

Parental Permission for Youth under 18

I, We, the parent(s) or legal guardian(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 Totus Tuus of KCK being held from July 22 – July 27, 2017 at St. Joseph Catholic Church, Waverly, Kansas.

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. 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 Kanas City in Kansas, and Saint Joseph Catholic Church Waverly, Kansas 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 Youth & Young Adult Ministry and the Catholic Archdiocese of Kanas City in Kansas, and Saint Joseph Catholic Church Waverly, Kansas 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 claim 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 form 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 for all participants

Photograph and Video Consent Form

From time to time, pictures and video may be taken of CCD, youth ministry events and parish gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, the ministry website and possibly the local newspaper. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used unless consent for full name is given. If there are concerns about pictures or videos posted on the website, please contact your parish ministry coordinator, the main office, or Father directly and they will promptly be removed.

I / We, the parent(s)/guardian(s) of this youth (Print Name) _____

authorize and give full consent, without limitation or reservation, to any of the 4 Parish Community Catholic Churches of St. Francis Xavier, Burlington, KS; St. Joseph, Waverly, KS; St. Patrick, Emerald/Williamsburg, KS; St. Teresa of Avila, Westphalia, KS. to publish any photograph or video in which the above named student appears while participating in any program associated with the listed 4 Parish Catholic Church Community ministries.

There will be no compensation for use of any photograph or video at the time of publication or in the future.

Please mark only one:

____ When a photograph or video is used of the above listed youth, NO Name will be used to distinguish youth. Only 'participant' will be used for identification.

____ When a photograph or video is used of the above listed youth, First Name ONLY will be used to distinguish youth for identification.

____ When a photograph or video is used of the above listed youth, Full Name MAY BE used to distinguish youth for identification.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Student's Signature: (if over 18yrs of age) _____ Date: _____

Student's Printed Name: _____