

Ave Maria Parish  
**TOTUS TUUS**  
*“Totally Yours”*  
**Summer Program**  
**June 7th-June 12th**

Donahue Academy  
4955 Seton Way  
Ave Maria, FL 34142



*“We are committed to bringing kids closer to Christ through the sacraments, prayer and fun!”*

**Grades 1st-6th**

**June 8th-12th**

**\*9:00am-3:00pm**

**\$70 per person**

**Grades 7th-12th**

**June 7th-11th**

**6:30-8:45pm**

**\$40 person**

*\*bring a sack lunch/two snacks provided*

**Contact Becky Hampton-[becky.h@avemariaparish.org](mailto:becky.h@avemariaparish.org)**  
**volunteer opportunities for adults and teens**

**REGISTRATION-SPACE IS LIMITED!**

- ***QR Code-online registration preferred***
- ***[avemariaparish.org](http://avemariaparish.org)***
- ***Parish Office***
- ***narthex of the church***



*“Let the children come to me, and do not hinder them; for to such belongs the kingdom of heaven.”*

*-Matthew 19:14*

# TOTUS TUUS PARISH REGISTRATION FORM 2025

**Name of Parents/Guardians:** \_\_\_\_\_

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

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

**Cell#** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

Name(s) of Child(ren)	Allergies, Medications & Dosage, Food Restrictions	Grade in 2025-2026	T-shirt size (example: YS, YM,YL, AS,AM, AL, AXL)

**ADDITIONAL EMERGENCY CONTACT INFORMATION:** Name and cell# of an adult to reach in case of emergency in the event that you cannot be reached at the numbers above.

Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

**Medical Authorization:**

I understand that the Catholic Diocese of Vencie and Totus Tuus assume no responsibility for accidents which may occur in association with diocesan events and activities. I agree to use my/our personal insurance to cover any such incidents. I understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia, or surgery for Participant as deemed necessary.

**Permission for Other Medical Matters:**

\_\_\_\_ **YES**, in the event it comes to the attention of the Diocesan 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 Participant.

**Release of Liability for Youth and Adults:**

I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Venice and Totus Tuus and its employees and agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Catholic Diocese and Totus Tuus, its leaders, employees and volunteer staff from any and all claims arising from or in connection with attending this event.

**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/Participant fail(s) to abide in any way by the rules, that I/Participant can be dismissed from the event and sent home immediately at my/Participant's expense with no right of reimbursement or refund of any amount in connection therewith from the Catholic Diocese of Venice or its chaperones/representatives.

**Photo Release:**

\_\_\_\_ **YES**, I hereby authorize the Catholic Diocese of Venice and Totus Tuus and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Venice. In giving consent, I hereby indemnify and hold harmless the Catholic Diocese of Venice and Totus Tuus and its agents from any and all responsibility of liability. I understand that I will receive no compensation should any photograph and/or video of me or my child be used.

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



*DIOCESE OF VENICE IN FLORIDA*

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**MEDICAL AUTHORIZATION FOR MINOR**

NAME OF MINOR: \_\_\_\_\_ D.O.B. \_\_\_\_\_

PARISH/SCHOOL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PARENTS/GUARDIANS: \_\_\_\_\_ / \_\_\_\_\_

PHONE #s: CELL: \_\_\_\_\_ HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

MEDICAL INFORMATION: Please list all pertinent medical information (for example, allergies, medications, physical impairments, or any other information necessary in an emergency situation). Explain fully:

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In case of illness or injury of the above student, reasonable effort will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency, 911 will be called. In the event that the parents/ legal guardian(s)/emergency contact cannot be notified or are not available, I (we) authorize parish, school, or other pertinent diocesan officials to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date:



DIOCESE OF VENICE IN FLORIDA

1000 Pinebrook Rd., Venice, FL 34285  
(941) 484-9543

**PARENT/GUARDIAN CONSENT TO RELEASE MINOR TO THIRD PARTY AND RELEASE OF LIABILITY/AGREEMENT TO INDEMNIFY**

Diocesan Entity: \_\_\_\_\_ Date of Event \_\_\_\_\_

I, the undersigned parent/guardian of the minor, \_\_\_\_\_,  
hereby give permission for my minor to be released to the following adult: \_\_\_\_\_  
\_\_\_\_\_ (upon the provision of picture identification)  
on the following date \_\_\_\_\_ at such time or under such circumstances as are  
identified herein: \_\_\_\_\_

I understand that the parish/school may or may not know this third party and makes no representation regarding the individual's character, criminal history, driving record, insurance, or fitness to supervise children. Upon the release of my minor to the above identified third party, the parish/school has no further responsibility for my minor's care or well being whatsoever.

**I hereby release school/parish/program, the Bishop, individually and as a corporation sole, and all agents, employees and volunteers of said parish/school/program (hereinafter collectively known as "church") from any and all liability, including that arising from the negligence of the Church that may arise from acting in accord with the terms of this Consent. I hereby agree to hold harmless and indemnify Church from any claim that may be made against it arising from this Consent.**

\_\_\_\_\_  
Parent/Guardian of Minor Third Party Adult

\_\_\_\_\_  
Date Signed Date Signed



DIOCESE OF VENICE IN FLORIDA

**CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION FORM  
FOR TRIPS, PROGRAMS AND EVENTS**

NAME OF PARTICIPANT(S)\* \_\_\_\_\_ DOB: \_\_\_\_\_

*\*See attached list for all family members attending*

ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

SCHOOL/PARISH/DIOCESAN ENTITY \_\_\_\_\_

NAME OF TRIP, EVENT OR PROGRAM \_\_\_\_\_

I, the undersigned adult participant or parent/legal guardian of the above named minor participant (for myself and any named minor, our heirs, personal representatives, assigns and next of kin), request permission to participate in this particular event and/or the various field trips and other on and off site activities of the above school/parish/diocesan entity programs throughout the year. I understand that I will receive notice of scheduled field trips and events via an Event Notification Form, if applicable, and my signature consenting to my or my minor's participation shall also indicate the inclusion of the terms of this Consent, Release of Liability and Indemnification Agreement to each trip or event. In consideration for the agreement by the school/parish/diocesan entity to permit my/minor's participation, and intending to be legally bound, I, individually and on behalf of my youth, do hereby:

1. Release, discharge and covenant not to sue the Diocese of Venice in Florida and the Most Rev. Frank J. Dewane, Bishop of the Diocese of Venice, individually and as a corporation sole, the above Parish/School/Diocesan Entity; and their employees, clergy, agents and volunteers (hereinafter Releasees), from any claim, demand, action, or liability whatsoever on account of injury or loss to the person or property of minor child or adult in conjunction with said event, including travel to and from, whether caused by the negligence of the Releasees or otherwise, excluding acts of gross negligence or intentional misconduct;
2. Indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur incident to adult or minor's participation in the above event, whether caused in whole or part by the negligence of Releasees or otherwise;
3. I do further agree that school/parish/Diocesan entity/Diocese of Venice officials, agents, and/or employees have the right to terminate the participation of the above named for reasonable cause, as determined within the discretion of the event/trip leader. In such event, only the funds not actually used will be refunded. I will be responsible for any and all travel costs incurred to return the above named early from the event/trip.
4. I understand that throughout the year I/my minor may be informed via an Event and Trip Notification Form of activities apart from those on-site activities which are school/parish sponsored. If I do not give permission and sign the Event and Trip Notification Form, I am responsible for myself or the supervision of my minor at such event should I choose to attend independently of the program, although agents, employees and volunteers of the school/parish youth program/Diocesan entity/Diocese of Venice may also plan to be present at such events.
5. I understand that the school/parish/Diocesan entity youth programs may include sports (football, swimming, wrestling, etc.) and/or other risky activities (rafting, etc.). These sports activities involve certain risks including, but not limited to, travel to and from the site of the activity, severe physical contact, and the possible reckless conduct of other participants. These risks also include, but are not limited to, serious

injury, potential for permanent paralysis, or death. The sporting activities may be conducted at sites that are at some distance from available medical assistance, and any equipment provided for protection may be inadequate in preventing serious injury.

6. I understand and assume the risks inherent with any extended event, which may involve certain risks beyond the reasonable control of the Parish/school/Diocesan entity and the Diocese of Venice, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the staff of the independent entity at the location of the event (not Parish or School staff). The Parish/school/Diocese or Diocesan entity disclaim any and all responsibility for any such risks by such independent vendors.
7. I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperones to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperones to supervise my youth every minute of every day while attending this program/event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperones, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such a program/event.
8. I further represent that the above named is covered by accident and health insurance, and I agree to maintain coverage in full force and effect for the duration of the year. I have completed a Medical Authorization which is on file with the sponsoring school/parish/Diocesan entity in the event emergency medical care is required. I understand that the school/parish/Diocesan entity/Diocese of Venice provides no insurance which will cover my child in conjunction with future trips. I agree to full financial responsibility for any medical treatment provided to him/her.

Adult Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian of a Minor Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*Additional family members participating:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_