

Ave Maria Parish
TOTUS TUUS
“Totally Yours”
Summer Program
June 9th-June 13th



TOTUS TUUS
**TOTALLY
YOURS**

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

Grades 1st-6th

June 10th-14th

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

**\$70 per person with
a family max \$140**

**bring a sack lunch/two snacks provided*

Grades 7th-12th

June 9th-13th

6:30-8:45pm

\$40 person

*Contact Becky Hampton-becky.h@avemariaparish.org
for more information/volunteer opportunities for
adults and teens*

REGISTRATION-SPACE IS LIMITED!

- *avemariaparish.org*
- *Parish Office*
- *QR Code*
- *applications in the 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 2024

Name of Parents/Guardians: _____

Email: _____

Address: _____

Cell# _____ **Home:** _____ **Work:** _____

Name(s) of Child(ren)	Allergies, Medications & Dosage, Food Restrictions	Grade in 2024-2025	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 of 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 _____