**Totus Tuus**



7th – 12th Grade: Sunday, June 17th to Thursday, June 21st

7:00 PM to 9:15 PM at the St. Paul School in the Upper Room

*The 2018 curriculum will focus on the Apostles’ Creed and The Luminous Mysteries.*

**Totus Tuus – Totally Yours**

Totus Tuus is a summer Catholic youth program dedicated to sharing the Gospel and promoting the Catholic Faith through evangelization, Catechesis, Christian Witness and Eucharistic worship.

**Our Mission**
The mission of Totus Tuus is to inspire in young people a true longing for holiness, a deep desire for daily conversion and an openness to their vocation by the constant challenge to give themselves entirely to Christ through Mary and by continually strengthening their prayer lives in imitation of her.

**Our Motivation**
Totus Tuus is a Latin phrase meaning “Totally Yours,” it signifies our desire to give ourselves entirely to Jesus Christ through Mary. It also expresses our effort to give our all to every young person we encounter. Through the teams, example of joy and service, the youth see that these men and women are on fire with the Catholic Faith and long for the same thing in their lives.

**Our Method**Totus Tuus calls upon college students and seminarians from across the United States to cary this mission to every young person they encounter in the parish program. Teachers are hired for their energy, enthusiasm, love of the Faith, commitment to spiritual growth, ability to work with a team and a desire to work with youth.

Please complete the registration form for your child(ren) by **June 1, 2018.**
This will allow us and the St. Ambrose team to make necessary preparations.
The cost is $20 per child with $40 max per family.
Please make checks payable to **St. Mary’s Youth Ministry**

Return your check and permission/medical form to:

St. Mary’s P.O. Box 68

West Point, Iowa 52656

Questions or if you need help with transportation, call me at 319-316-2115.

Love in Christ
Mike Linnenbrink



Four Parish Youth Ministry

TOTUS TUUS PARISH REGISTRATION FORM

 Name of Parents/Guardians \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone Cell Phone

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| **Name(s) of Child(ren)** | **Allergies, Medications & Dosage, Medical Conditions,****Food Restrictions** | **Grade in** **2018-19** |
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ADDITIONAL EMERGENCY CONTACT INFORMATION: Name and phone number of an adult to reach in case of emergency in the event that you cannot be reached at the numbers above.

Name Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Insurance Company Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Medical Authorization:

I understand that the Diocese of Davenport 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 Diocese of Davenport 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 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 for any amount in connection therewith from the Diocese of Davenport or its chaperones/representatives.

 **Photo release:**

\_\_\_\_ **YES,** I hereby authorize the Diocese of Davenport and Totus Tuus and its agents to utilize photographic and/or video images of me or my child by the Diocese of Davenport. In giving my consent, I hereby indemnify and hold harmless the Diocese of Davenport 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_