

# July 22-27



## Grades 1-6

**Monday – Friday**

9:00 AM to 2:30 PM

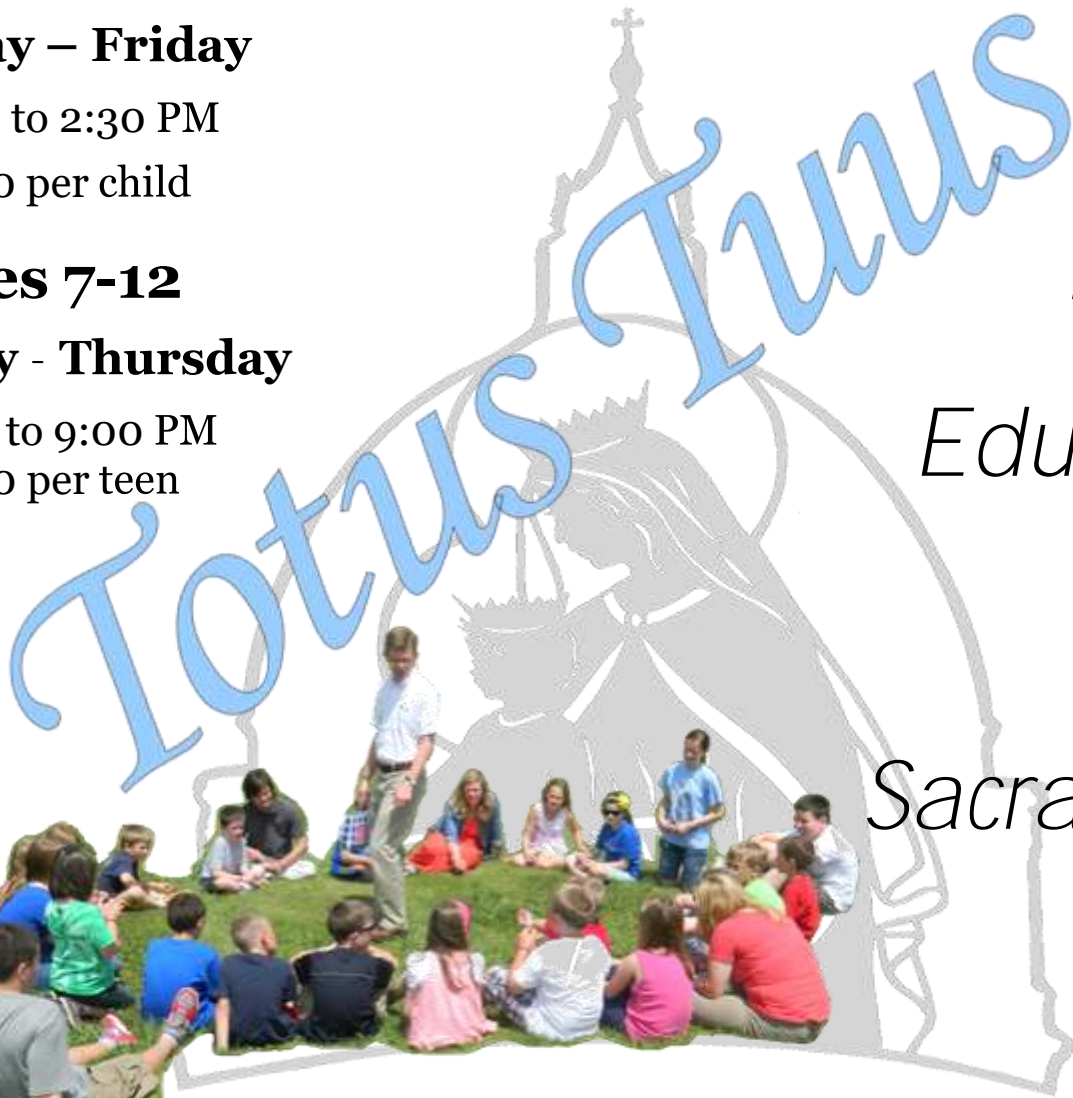
Cost: \$30 per child

## Grades 7-12

**Sunday - Thursday**

7:00 PM to 9:00 PM

Cost: \$20 per teen



*Prayer*

*Education*

*Fun*

*Sacraments*

### Grade School Program for grades 1-6

July 23-27, Monday to Friday from 9 am – 2:30 pm

Daily Mass times TBD – All are Welcome!

Outdoor fun breaks at midday

\$30 registration fee per child

Please pack a lunch, including something to drink, for your child each day

Feel free to bring items for recess (jump rope, balls, etc.)

### Middle and High School Program for grades 7-12

July 22-26, Sunday to Thursday from 7-9 pm

Thursday Night – Student Social

\$20 registration fee per teen

### Grade School Program

9:00	INTRODUCTION/review
9:15	Warm-up/Songs
9:25	SESSION #1
9:50	Snack Break
10:10	Music Preparation for Mass
10:20	SESSION #2
10:45	Mass Preparation/Reconciliation
11:15	MASS (recommended time)
12:00	Lunch & Recess
1:15	SESSION #3
1:40	Break
1:50	SESSION #4
2:15	Gather, Review and Closing Prayer
2:30	DISMISSAL

### Middle/High School Program

7:00	Introduction/Review
7:30	SESSION #1
8:00	Break
8:15	SESSION #2
8:45	Closing/Night Prayer
9:00	DISMISSAL

Registration form is on  
the reverse side



# Registration and Permission Form

PLEASE PRINT IN INK

Family Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

## NAME OF CHILDREN ATTENDING TOTUS TUUS

Name \_\_\_\_\_ Grade in September \_\_\_\_\_ \*T-shirt size Child S M L  
Please list ANY allergies, medical or special needs \_\_\_\_\_ Adult S M L

Name \_\_\_\_\_ Grade in September \_\_\_\_\_ \*T-shirt size Child S M L  
Please list ANY allergies, medical or special needs \_\_\_\_\_ Adult S M L

Name \_\_\_\_\_ Grade in September \_\_\_\_\_ \*T-shirt size Child S M L  
Please list ANY allergies, medical or special needs \_\_\_\_\_ Adult S M L

\*T-shirts are \$10 and will be sold separately, directly from the Totus Tuus team the week they arrive at your parish.

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ (if unable to reach parents)

Please return this registration form to the Parish Office with a check made out to St. Mary's by July 8.

## Please complete back side of form

### Consent & Code of Behavior for Youth and Adults

I give consent for my child(ren) named above to participate in the Totus Tuus Program. I agree to abide by and/or instruct my child to abide by all rules and regulations as outlined by the aforementioned chaperones and/or representatives. I agree that if my child(ren) fail(s) to abide in any way by the rules, that my child(ren) 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 Diocese of Green Bay, Mount Tabor Center or their chaperones and representatives.

### Release of Liability for Youth and Adults

The undersigned do hereby release, forever discharge and agree to hold harmless the Office of Religious Education, Totus Tuus, the Catholic Diocese of Green Bay and Mount Tabor Center and its respective members, officers, directors and employees, agents, sponsors and promoters 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.

### Medical Permission

I grant permission in the event my child(ren) are injured or becomes ill for medical care to be administered to my child(ren) and to use 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.

\_\_\_\_ 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 my child.

### Media Release

This authorization form constitutes permission for my child(ren)'s participation in videotaping and/or photographs which may be taken during the program. They may be used for future promotional efforts, including Diocese of Green Bay and Mount Tabor Center publications.

Signature of Participant(s) \_\_\_\_\_

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

\*Required if participant is under 18