

# TOTUS TUUS 2017—HIGH SCHOOL

## REGISTRATION INFORMATION

**Grade:** Students entering Grades 9-12 in August 2017  
**Dates:** Sunday, June 18—Thursday, June 22, 2017  
**Time:** 7:30 p.m. – 9:30 p.m.  
**Cost:** \$25 per family

Please make checks payable to: ***Holy Cross Church***

Scholarships are available - please contact the parish coordinators for more information.

Return completed registration and medical release and authorization form to:

**Holy Cross Church**  
**Attn: Jayne Gamache**  
**416 Church Road**  
**Colchester, VT 05446**

### ***WHAT IS TOTUS TUUS?***

*Totus Tuus is Latin for “totally yours” and is a Catholic youth program dedicated to sharing the Gospel and promoting the Catholic faith through catechesis, evangelization, Christian witness, and Eucharistic worship. The goal of **Totus Tuus** is to help young people grow in their understanding of, and strengthen their faith in, Jesus Christ. The program strives to bring our faith to life by creating a balance between knowledge of the meaning of the Sacraments and an authentic Sacramental life.*

*When he became Pope in 1978, Saint John Paul II chose Totus Tuus for his papal motto. Throughout his 26 years as the Holy Father, he called the Church, especially young people, to a new evangelization. **Totus Tuus** seeks to foster openness to vocations in the youth we serve as well as among the teachers. This is accomplished by placing special emphasis on the importance and necessity of prayer, Eucharistic devotion, and Marian devotion, in addition to catechetical instruction and formation in the Catholic faith. **Totus Tuus** is sponsored by the Diocese of Burlington.*

### **GENERAL INFORMATION:**

- † Each Totus Tuus team is comprised of four Catholic young adults
- † The week includes learning about our faith, fellowship, and fun!
- † The Totus Tuus program serves children entering grades 1-8, as well as high school students entering grades 9-12, for the 2017-2018 academic year.

Volunteers are needed to help in a variety of behind-the-scenes roles.  
Contact program Coordinator for more information on how to help.

Please contact program Coordinator with any questions about the program.

Totus Tuus Parish Coordinators:

Jayne Gamache  
(802) 655-3104  
[Jag21960@aol.com](mailto:Jag21960@aol.com)

Paulette Peters  
(802) 655-1005  
[honora06@gmail.com](mailto:honora06@gmail.com)

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Holy Cross Church  
416 Church Road – Colchester, Vermont  
June 18—June 22, 2017

**Totus Tuus Parish Coordinators:**

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Paulette Peters  
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[honora06@gmail.com](mailto:honora06@gmail.com)

## STUDENT INFORMATION

(If registering more than three students please attach separate sheet of paper with information)

**Name:** \_\_\_\_\_ Grade entering in August 2017: \_\_\_\_\_  
Catholic: Yes No Sacraments Received: \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Allergies, Medications and method of Administering: \_\_\_\_\_  
Other special needs \_\_\_\_\_

**Name:** \_\_\_\_\_ Grade entering in August 2017: \_\_\_\_\_  
Catholic: Yes No Sacraments Received: \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Allergies, Medications and method of Administering: \_\_\_\_\_  
Other special needs \_\_\_\_\_

**Name:** \_\_\_\_\_ Grade entering in August 2017: \_\_\_\_\_  
Catholic: Yes No Sacraments Received: \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Allergies, Medications and method of Administering: \_\_\_\_\_  
Other special needs \_\_\_\_\_

## PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION PLEASE COMPLETE BOTH SIDES OF FORM

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

# TOTUS TUUS 2017—HIGH SCHOOL

Your Home Parish Name: \_\_\_\_\_ Town \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION AND RELEASE THIS FORM IS REQUIRED FOR PARTICIPATION

### Authorization for Medical Treatment

In the event of a medical and/or emergency situation during my absence, I hereby authorize necessary treatment, administration of anesthesia and/or surgical treatment(s) for my minor child/ward when deemed necessary by any physician, hospital medical staff or other appropriate medical personnel. I furthermore agree to release, indemnify and hold harmless the Roman Catholic Diocese of Burlington, the parish trust/school named on the registration form, their officers, directors, employees, staff members, volunteers and agents, from and against any and all claims for damages related to administration of emergency medical care as authorized in this statement.

### Acknowledgement of No Insurance Coverage - Benefits

I hereby acknowledge that neither the Roman Catholic Diocese of Burlington nor the parish trust/school named on the registration form, are providing insurance coverage of any kind for any of the participants, including, but not limited to, life, health, accident, disability, liability, or any other kind of insurance whatsoever. I agree to undertake responsibility for any and all losses, damages, liabilities or expenses associated with, or arising from, Totus Tuus 2017. I understand that it is my sole responsibility to acquire insurance to provide the appropriate coverage(s) for the risks associated with participation in these events.

### Liability Release – Youth Participants

I hereby release and agree to hold harmless the Roman Catholic Diocese of Burlington and the parish trust/school named on the registration form, their officers, directors, employees, staff members, volunteers, and agents from any and all liability, claims and/or damages for personal injury, property loss or other damage which may result to my child/ward. I further state that my child/ward is physically fit and able to participate in Totus Tuus 2017.

I further state that my child/ward may ride in any vehicle used for the purpose of this event. I release, hold harmless and agree to indemnify the Roman Catholic Diocese of Burlington, the parish trust/school named on the Registration form, their officers, directors, employees, staff members, volunteers, and agents for personal injury, property loss or damage, whether foreseen or unforeseen, to my child/ward while traveling in authorized vehicles.

### Media Release – Youth Participants

I hereby authorize the Roman Catholic Diocese of Burlington or the parish trust/school named on the registration form to use the name, voice and likeness of my child/ward in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claims associated therewith in connection with Totus Tuus 2017.

\_\_\_\_\_  
Name of Child/Ward (please print)

\_\_\_\_\_  
Name of Child/Ward (please print)

\_\_\_\_\_  
Name of Child/Ward (please print)

\_\_\_\_\_  
Name of Child/Ward (please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number