

Totus Tutus 2025 Parent information

We are very excited to have your child(ren) join us Totus Tuus this year. Spaces are limited so be sure to sign up early. Registration is due by June 1st. We would like 1-2 adult volunteers each day to help with sign ins and outs and be available for the missionaries as needed. If interested, please contact Cathy Singer at 690-1491. If you have older children, they can come as volunteers to help with the younger ones. Just let us know for lunch count.

Day Program (Grades 1-6)

Monday, June 23rd through Friday , June 27th.

Price for the day program is \$25 per child with a limit of \$75 per family.

7:45am-1:30pm

You may bring and sign them in as early as 7:30 in the courtyard by the gym.

Pick up and sign up is at 1:30 in the courtyard. (No later than 1:45)

Lunch and snacks are provided. Unless for dietary reasons, you wish to bring your own. St. Stan's awesome cook, Tracie, will be doing the cooking.

Bring a refillable water bottle.

Wear shoes suitable for running.

Friday is a "wet day" please bring a towel and wear clothes that can get wet.

Evening program (Grades 7-12)

Sunday, June 22nd through Thursday June 26th

6:30pm-8pm

Will be in the St. Stan Parish Center

There is no fee, but registration is encouraged

Diocesan Summer Youth Camps

The Diocese offers overnight summer youth camps for junior and high school students. There is a brief description with dates, places and cost of each on the back. If you have a high school student that would like to volunteer to help with Camp Lolek, they can attend free of charge plus get a discount on the high school camps.

Totus Tuus Registration Form

Parent/Guardian Name: _____

Address: _____ email: _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Name of Child(ren)	Allergies, Medications, Dosage, Special Needs	Grade in 2024-2025

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 _____

Name of Family Physician _____ Phone Number _____

Medical Authorization:

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

Photo release:

____ YES, I hereby authorize the Catholic Diocese of Jefferson City and Totus Tuus and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Jefferson City. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Jefferson City 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 _____

Please return to the office by June 1st. Make checks payable to St. Francis Xavier