

# Totus Tuus

## PARISH PROGRAM INFORMATION

Cost: \$10/student - \$30 family cap

Registration and payment due: May 7

<u>Totus Tuus – St. Pius X</u> Grades 1-6: June 14-18, 9:30 AM – 2:30 PM Grades 7-12: June 13-17, 7:30-9:30 PM	<u>Totus Tuus – Holy Trinity</u> Grades 1-6: June 21-25, 9:30 AM – 2:30 PM Grades 7-12: June 20-24, 7:30-9:30 PM
--	--

For questions (or in case of emergency), contact: Sue Mielke 952-201-6802 (cell)

Additional Notes: Scholarships are available. Contact Sue Mielke for more information.

----- cut here

Please choose your location:

- St. Pius X - Glencoe
- Holy Trinity - Winsted

# Totus Tuus

## YOUTH REGISTRATION FORM

- To be turned in along with payment -

Please return this form (and payment) to: **Holy Family Parish office**

Parent's Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Home parish: \_\_\_\_\_

### Emergency contacts

- |          |                       |         |
|----------|-----------------------|---------|
| 1. _____ | _____                 | _____   |
| name     | relationship to child | phone # |
| 2. _____ | _____                 | _____   |
| name     | relationship to child | phone # |

### Participating children

- Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade (in Fall): \_\_\_\_\_
- Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade (in Fall): \_\_\_\_\_
- Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade (in Fall): \_\_\_\_\_
- Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade (in Fall): \_\_\_\_\_

Any allergies or conditions we should be aware of? \_\_\_\_\_

### Permission form

I, \_\_\_\_\_ grant permission for the above stated child(ren) to participate in Totus Tuus and I warrant that my child(ren) is(are) in good health. In consideration of my child(ren)'s participation, I agree to indemnify Holy Family Parish and the Diocese of New Ulm from any claims or lawsuits brought against Holy Family Parish and the Diocese of New Ulm by myself, my child(ren), or others, that arises out of any behavior by my child(ren) at Totus Tuus. I also agree to pay reasonable attorney's fees or expenses incurred by Holy Family Parish and the Diocese of New Ulm in defense of such a claim/suit. As parent or guardian, I agree to all of the above-stated considerations and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Volunteer Info.

- (check if interested)
- Housing the team
- Kitchen help
- Day program assistant (HS-age or older and VIRTUS trained if over 18)