

TOTUS TUUS Latin for **TOTALLY YOURS**

A Summer Vocations Program for
GRADE SCHOOL CHILDREN

hosted by Jesus Christ, Prince of Peace Parish

at the Parish School 310 South Fourth Street, Clinton,
and the Church of the Visitation, Camanche

June 12-16 from 9:00 AM – 3:00 PM

Open to children who have **completed** Kindergarten – 5th grade.

To Register: Fill out one registration form per child along with \$20 per child (\$50 family maximum) registration fee.



Ministry Opportunities for parent/grandparent(s):

(Adults must be Virtus trained and background check completed.)

Totus Tuus will only happen WITH YOU!

Please check how you can help:

Host three female team members from Saturday, June 10 – Friday, June 16, over night providing a bed and breakfast each day.

Volunteer Guide – from 8:30 AM – 3:00 PM

(circle days available): Mon. Tues. Wed. Thurs. Fri.

Playground supervision – from 12:00 -1:15 (supervising at the park or inside)

(circle days available): Mon. Tues. Wed. Thurs.

Registration Table (welcoming children and making sure they leave with their parents)

(circle days available): Mon. Tues. Wed. Thurs. Fri.

Registration fee is waived for children who have parents/family assisting all week.

Child's Name: _____ Sex: M F

Birth Date: _____ Age on June 12th: _____ Grade completed, Spring 2023: _____

Parent's Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Please circle the day/s your child will attend: All Week Mon. Tues. Wed. Thurs. Fri.

Cost: \$20.00 plus individuals will need a sack lunch each day except Friday.

Please return registration and fee to the Parish office. Checks maybe made out to JCPOP.

Health and Picture Release form on the back of this sheet.

Health Release Form

Child's Name: _____ Parent/s Name: _____

Phone #: _____ Alternative Phone #: _____

Secondary Emergency Contact: _____

Relationship to child: _____

Phone #: _____

Medications: _____

Food Allergies: _____

Other Allergies: _____

Special Needs: _____

Doctor's Name: _____

Clinic Name & Phone #: _____

Medical Insurance Company and ID #: _____

Statement of Permission, Release & Liability Waiver: I (parent/guardian's named above) grant permission for my child (named above) to participate in the Totus Tuus Program from June 12-16, 2023, at Jesus Christ, Prince of Peace Parish in Clinton, Iowa. This activity will take place under the guidance and direction of employees/volunteers from the Diocese of Davenport and employees/volunteers from my parish named on the previous page.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). For value received, I agree to hold harmless and defend the Diocese of Davenport, its employees and agents, chaperones, or representatives associated with the event, and my parish/school named above, its officers, directors, employees and agents, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese of Davenport, its employees and agents and chaperones, or representatives, or my parish/school named above, its officers, directors and agents, and representatives associated with the event, for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

In the event of an emergency, I hereby give permission to the adults supervising this activity to secure proper and adequate treatment for my child named above, including hospitalization, injection, anesthesia or surgery. I accept responsibility for all medical/surgical treatment charges which may be incurred.

Photo Release: : I hereby grant permission for photographs taken of my child at this event to appear on one or more of the communication mediums of the Diocese of Davenport (e.g., The Messenger, diocesan websites or social media) or of my parish. I understand that these images will be used only in relation to these publications and this event. Any other use of said images will require my full written consent. (NOTE: If you do not grant permission, you must indicate such in a written letter to the Office of Vocations, 780 West Central Park Ave., Davenport, IA 52804. This written notification must arrive at stated address no less than 5 business days prior to the event date.)

Parent/Guardian signature: _____ Date: _____

Office Use Only

Registration Received: _____ by: _____ Money received: \$ _____ Check # _____ Cash: _____