

**ARCHDIOCESE OF OMAHA - RURAL FAMILY F PARISHES**  
**TOTUS TUUS REGISTRATION AND INFORMATION**  
**HOSTED BY ST. MARY'S PARISH, WEST POINT**

**Grades 1-6** (Fall of 2024 entering grade)

Mon-Fri, June 3-7, 2024 - 9am to 2:30pm, GACC School Campus, West Point, NE

**Grades 7-12** (Fall of 2024 entering grade)

Sun-Thurs, June 2-6, 2024 - 6:30pm to 8:15pm, GACC School Campus, West Point, NE

**GENERAL INFORMATION:**

- Totus Tuus (Totally Yours) is a fun and energetic parish based summer catechetical program, for both grade school age children and junior and senior high school youth.
- Attire: School appropriate, comfortable, attire. (Gym shorts and tshirt recommended). GS participants should wear comfortable shoes as they will have games and recess.
- **Grades 1-6 will be required to bring a sack lunch in a personal cooler and a water bottle each day.**
- More information can be found on the Omaha Archdiocese Website at:  
<https://archomaha.org/youth-ministry/totus-tuus-omaha/>

**PLEASE NOTE:**

- We are happy to announce that we are able to accommodate more students than last year because we have two Totus Tuus teams leading our camp this year. Even though our capacity has increased, we still have a set number of students we can accommodate. All Family F Parishes are invited to attend Totus Tuus. Registration will be handled on a first come, first serve basis. Thank you for your understanding.
- Families registering MORE than 3 children, please cap your payment at \$120.
- Parent volunteers for the week are needed. We will be reaching out to you with more information on specific needs after registration is complete.

**How to sign up for Totus Tuus:**

- Fill out the Totus Tuus Registration Form
- Attach \$40 per student - Checks payable to St. Mary's, West Point
- **Hand in:** ◊ **Registration and Medical Release Forms (2)** ◊ **Registration Fee** TO:
  - Any Rural Family F Parish Office
  - GACC Offices
  - **Mail to:** St. Mary's Rectory, 343 N Monitor Street, West Point, NE 68788
- Registration will be handled on a first come, first served basis as stated above. If you mail your registration it will be marked received the day it is delivered to St. Mary's Rectory.
- Incomplete Registration Forms or missing Enrollment Fees will deem your registration incomplete. Your registration will not be processed until all necessary forms have been completed. Thank you for your help on this.

If you have any questions please contact:

Jen Kreikemeier - 402.380.2010 or Alicia Lewis 402-990-1799

# Enrollment Form TOTUS TUUS 2024

NAME OF PARENTS/GUARDIANS

\_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE            Father's Cell (\_\_\_\_) \_\_\_\_\_ Mother's Cell (\_\_\_\_) \_\_\_\_\_

Children being enrolled in TOTUS TUUS and their grade level for the **2024-2025** school year:

NAME	GRADE	MEDICAL INFO TO BE AWARE OF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL EMERGENCY CONTACT: Name and phone number of an adult to reach in case of emergency if you cannot be reached at the numbers above.

Name \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

## Archdiocese of Omaha Permission to Publish

To share information concerning the outstanding accomplishments of our youth, we will write articles, produce videos, and provide pictures for publication in various media, including, but not limited to, the Totus Tuus and diocesan Internet websites, and the Catholic Voice. To include your child and his/her work in this publicity, we must have your written permission. You have the right to revoke permission at any time.

\_\_\_\_\_ I grant permission to the Archdiocese of Omaha to use the pictures and video of my child/children in positive media presentations.

\_\_\_\_\_ I DO NOT grant permission to the Archdiocese of Omaha to use the pictures and video of my child/children in positive media presentations.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**OFFICE OF TOTUS TUUS  
ARCHDIOCESE OF OMAHA**

**Medical/Liability Release Form (Revised March 2010)**  
PLEASE PRINT IN INK:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Phone \_\_\_\_\_ e-mail \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ (circle one) M F

**Emergency Contact # 1** \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Contact Home Phone \_\_\_\_\_ Contact Work Phone \_\_\_\_\_

**Emergency Contact # 2** \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Contact Home Phone \_\_\_\_\_ Contact Work Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

List any Allergies/Medications/Medical Concerns, including food allergies: (Contact wearer: Yes No) \_\_\_\_\_

**Medical Permission for Youth and Adults**

I grant permission in the event I/my child is injured or becomes ill for medical care to be administered to me/my child and to use my/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.

**Permission for Other Medical Matters**

\_\_\_\_ **YES**, in the event it comes to the attention of the archdiocesan 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.

**Release of Liability for Youth and Adults**

The undersigned do hereby release, forever discharge and agree to hold harmless the Office of Vocations/Totus Tuus and the Archdiocese of Omaha 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.

The undersigned further agree to indemnify and hold harmless the Office of Vocations/Totus Tuus and the Archdiocese of Omaha and its respective members, officers, directors and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the event named.

**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/my child fail(s) to abide in any way by the rules, that I/my child 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 archdiocese or its chaperones/representatives.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

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

\*Required if participant is under 18