

July 23-28, 2017

Be There!

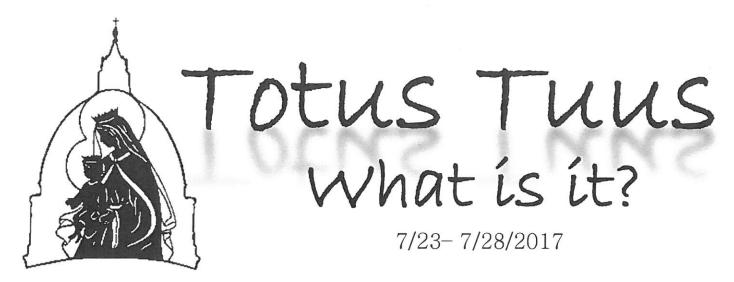
St. Elizabeth Ann Seton Parish 509 W. Division Rd. Valparaiso, IN 46385

Information & Registration forms also available on our website: www.seseton.com under News & Events

> For Questions Contact: Jean Odinsoff/ Administrative Assistant 219-462-2202 ext, 228

> > or

Deb Poturalski/ Faith Formation Director 219-462-2202 ext. 230



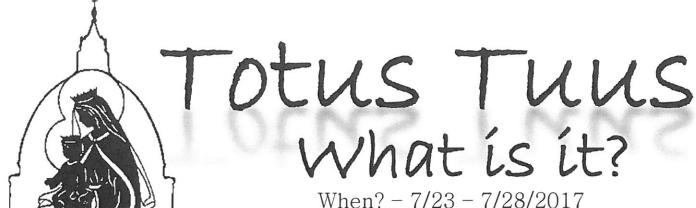
Totus Tuus (Totally Yours) is a fun and energetic parish based summer catechetical program, for grade school age children and middle school/high school youth. This program is run by a team of four college students/seminarians trained by the Diocese of Gary. They travel throughout the diocese during the summer stopping at various parishes where they spread the good news of Jesus Christ. Their youthfulness, energy, and ability to witness to the faith make the team members particularly effective with children and young people.

The grade school program (grades 1-6) runs Monday – Friday from 9:00 am – 2:30 pm. Throughout the day the team will lead catechetical instruction, songs, games, lunch, recess and more. The children will also attend daily Mass and have an opportunity for the Sacrament of Reconciliation. A final activity for the week is a large water fight with the children in celebration for the week. The focus is to impart an understanding and love of the Eucharist, devotion to Mary, catechetical instruction, vocational discernment and providing an enjoyable experience.

The middle school/high school youth program (grades 7-12) runs Sunday – Thursday from 7:30 pm – 9:30 pm. During the evening the team's goal is to put the youth in contact with the Lord so that they can develop a deep personal relationship with Him. There will be a night of Adoration and the opportunity for the Sacrament of Reconciliation. Topics important to young people will be discussed along with a night of fellowship and fun with the team members.

The team also likes to get to know the parish and its members. In order to do this, they stay with families of the parish, eat with different families throughout the week and invite the entire parish to a "potluck" meal on Sunday.

Throughout the years Totus Tuus has succeeded in reaching out to children and youth in order to help them know and love the Lord Jesus Christ. In addition to this, we have tried to help local parishes by providing a fun and strong catechetical program.



When? - 7/23 - 7/28/2017 Where?-St. Elizabeth Ann Seton Valparaiso, IN

Totus Tuus, a Latin phrase meaning "Totally Yours," is a fun and energetic parish based summer catechetical program, for grade school age children and middle school/high school youth. This program is run by a team of four college students/seminarians trained by the Diocese of Gary. They travel throughout the diocese during the summer stopping at various parishes where they spread the good news of Jesus Christ. Their youthfulness, energy, and ability to witness to the faith make the team members particularly effective with children and young people.

Elementary School (Gr. 1-6)

- Monday-Friday 9:00 am 2:30 pm
- This program consists of catechetical instruction, songs, games, daily Mass, Reconciliation, lunch, recess, and more!

Middle & High School (Gr. 7-12)

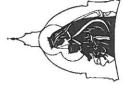
- Sunday-Thursday 7:30 pm 9:30 pm
- This program consists of catechetical instruction, a night of Adoration and Reconciliation, a fun outing, a night of fellowship with team members, and more!

The goal of both programs is to help youth know the Lord and love Him more deeply.

~ Cost: \$20.00 per student (\$35 for families with 3 or more) ~

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PLEASE RETURN STUDENT REGISTRATION, ADULT VOLUNTEER
FORM (IF YOU WISH TO HELP), AND A MEDICAL FORM (PER CHILD IF
NECESSARY) ALONG WITH PAYMENT TO ST ELIZABETH SETON
FAITH FORMATION OFFICE BY THURSDAY, MAY 18 2017.
MAKE CHECKS PAYABLE TO: St. Elizabeth Seton



Date

Totus Tuus Registration Consent to participate, waiver and Release

Student Name	Entering Grade in fall	D/O/B	Sex: F	4
Student Name	Entering Grade in fall	D/O/B	Sex: F	5
Student Name_	Entering Grade in fall	D/0/B	Sex: F	4
Student Name	Entering Grade in fall	D/0/B	Sex: F M	Z
Parent/Guardian Name				
Home Address				
Street	City	State Zip		
Home Phone	Cell Phone			1
E-Mail				
In case of an emergency, if I cannot be contacted at the address or phone provided above, please contact:	e contacted at the address or phone p	rovided above, please co	ontact:	
Name	Phone			

Phone
Name

Authorization and Waiver of Risk

participating in Totus Trus I	acknowledge that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. I release and hold harmless	the Diocese of Gary, the Parish, the Parish Youth Minister, the Parish Chaperone, as well as any and all other participating organizations, their	officers, agents, representatives, employees, and volunteers from any and all responsibility and liability for any injury, claim, costs. or any other	damages whatsoever which may result from my Child's participation in Totus Tuus. I further agree to assume full responsibility for the action of my	Child as well as for the payment of any and all debts incurred by my Child during his/her visit and participation in Totus Truss
I hereby agree and consent to my son(s)/daughter(s)	acknowledge that, despite careful and proper preparation, the	the Diocese of Gary, the Parish, the Parish Youth Minister,	officers, agents, representatives, employees, and volunteers f	damages whatsoever which may result from my Child's partic	Child as well as for the payment of any and all debts incurred

Authorization for Emergency Medical Treatment

I hereby agree and consent to my son(s)/daughter(s)	receiving emergency medical
treatment in my absence should the need for such treatment arise during my Child's participation in Totus Tuus. Is medical treatment arise, the following health information pertaining to my Child is voluntarily disclosed:	Should the need for emergency
Special Dietary Needs:	
Medications:	
Allergies:	
Promotional Photographs	
In the interest of promoting future activities, video and still photography may be taken during this event. This form constitutes written permission for my child's participation in the videotape and/or photographs, which may be used for future promotional efforts, including the Diocese of Gary website (names are not used in photos).	nstitutes written permission for ng the Diocese of Gary website
I approve of my child's picture/video be used for future promotional efforts.	

Printed Names(s) of Custodial Parent(s)

Participate, Waiver and Release.

Signature of Custodial Parent(s)

By signing this Consent to Participate, Waiver and Release, I hereby acknowledge that I have read and fully understand the provisions contained above, and I knowingly consent to my child(ren) participating in Totus Tuus and agree to be bound by the terms and provisions of this Consent to

I do not approve of my child's picture/video be used for future promotional efforts.



Totus Tuus Volunteer Form

Name				
	First	Middle	Last	
Address	Street			7.
			State	Zip
Home Phone: _		Cell Phone:		
E-Mail Address	:			
Have you atten	ded a Virtus Tra	ining Session?	□ Yes	□ No
Have you comp	leted the Virtus	Online Bulletins?	☐ Yes	□ No
	leted a Backgrou	and Check through the 5 years?	☐ Yes	□ No
	•	irtus Training Session efore July 24, 2017?	☐ Yes	□ No
I am interested in		US (TOTALLY YOURS) GR.: A CLASSROOM AIDE. My pi	2004	k with students
in Grades 1 &	& 2	Grades 3 & 4	Grade	es 5 & 6
the Morni	ng Session 8:45-12	:00the Afternoon Session	on 12:00-2:45	All day
On the following	days: JULY 24-28			
Monday	Tuesday	WednesdayThursd	ayFriday	
		Y YOURS) MIDDLE SCHOOL/SE : A CLASSROOM AIDE. My p.		
in	nool Grades 7 & 8	High School Fres		
These sessions are	held from 7:30 pm	1 -9:30 pm on the following days:	JULY 23-27	
Sunday	Monday	TuesdayWednesday	Thursda	y



Signature:

Totus Tuus Medication

My child $\underline{\hspace{1cm}}$ is currently taking medication. I understand that all necessary medication will be brought in well labeled
containers with the names of medication, and concise directions for seeing that the child takes
said medication(s), including dosage and frequency of dosage.
Name of Medication(s):
Dosage:
Comments:
 My child will administer medication to him or herself. I allow parish staff/volunteers to administer medication to my child.
Signature: Date:
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Name of Medication(s):
Dosage:
Comments:
□ My child will administer medication to him or herself.□ I allow parish staff/volunteer to administer medication to my child.

_____ Date: _____