



*All Youth are invited to St. Elizabeth Ann Seton Parish for this **Summer Catechetical Program** for Children and Teenagers.*

*St. Elizabeth Ann Seton
509 W. Division Rd.
Valparaiso, IN 46385
Questions? Contact: Deb Poturalski 630-908-9577*

STUDENTS ENTERING GRADES 1-6
JULY 18-22, 2022 (MON. - FRI. 9:00 am to 2:30 pm)

STUDENTS ENTERING GRADES 7-12
JULY 17-21, 2022 (SUN. - THURS. 7:30-9:30 pm)

REGISTRATION IS ONGOING BUT IN ORDER TO PLAN APPROPRIATELY FOR THE NUMBER OF STUDENTS ATTENDING REGISTER BY JULY 10, 2022

*The grade school children program consists of catechetical instruction, songs, games, daily Mass, the Sacrament of Reconciliation, lunch, recess and more. Totus Tuus balances catechetical content with having **FUN!!!!***

The high school program has catechetical instruction, a night of Adoration and Reconciliation, and a night of fellowship with the team.

The goal of both programs is to help them to know the LORD and love him more deeply.

*Cost is \$20.00 per child \$40.00 for 3 or more
Makes checks payable to: St. Elizabeth Ann Seton*

TOTUS TUUS Registration Form: online on our website: www.seseton.com

or

Copies are available in the church Narthex



TOTUS TUUS Registration 2022

Consent to participate, Waiver and Release

Date _____

Student Name _____ Entering Grade in fall _____ D/O/B _____ Sex: F M

Student Name _____ Entering Grade in fall _____ D/O/B _____ Sex: F M

Student Name _____ Entering Grade in fall _____ D/O/B _____ Sex: F M

Student Name _____ Entering Grade in fall _____ D/O/B _____ Sex: F M

Parent/Guardian Name _____

Home Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

E-Mail _____

In case of an emergency, if I cannot be contacted at the address or phone provided above, please contact:

Name _____ Phone _____

OVER→→→→

Authorization and Waiver of Risk

I hereby agree and consent to my son(s)/daughter(s) _____ participating in Totus Tuus. 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 Tuus.

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. Should the need for emergency medical treatment arise, the following health information pertaining to my Child is voluntarily disclosed:

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).

_____ *I approve of my child's picture/video be used for future promotional efforts.*

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

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 Participate, Waiver and Release.

Printed Names(s) of Custodial Parent(s)

Signature of Custodial Parent(s)



TOTUS TUUS

Volunteer Form

Name _____
First Middle Last

Address _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Have you attended a Virtus Training Session? Yes No

Have you completed the Virtus Online Bulletins? Yes No

Have you completed a Background Check through the Diocese of Gary within the last 5 years? Yes No

Are you willing to complete a Virtus Training Session and a Background Check by July 2022? Yes No

TOTUS TUUS (TOTALLY YOURS) GRADES 1-6

I am interested in volunteering to be: A CLASSROOM AIDE. My preference is to work with students in ...

_____ Grades 1 & 2 _____ Grades 3 & 4 _____ Grades 5 & 6

_____ the Morning Session 8:45-12:00 _____ the Afternoon Session 12:00-2:45 _____ All day

On the following days: JULY 18-22

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

TOTUS TUUS (TOTALLY YOURS) MIDDLE SCHOOL/SENIOR HIGH SCHOOL

I am interested in volunteering to be: A CLASSROOM AIDE. My preference is to work with students in...

_____ Middle School Grades 7 & 8 _____ High School Freshman through Seniors

These sessions are held from 7:30 pm -9:30 pm on the following days: JULY 17-21

_____ Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday