Registration and Permission for Totus Tuus

90 students is our maximum capacity so please register soon to guarantee your student(s) a spot to experience this prayerful encounter with Christ!!!

Family Last Name_____ Street Address_____ Primary Phone# (___)_____

Parent Information:

Mother's Name: _____ Day time phone# (___)_____ Father's Name: _____Day time phone# (___)_____

Parish Name: _____ Guardian/s Allowed to pick up child(ren): _____

In case of an emergency: Name: _____ Relationship _____ Telephone# (___)_____

Totus Tuus will take place the week of June 8-14 and is open to students entering 1st-12th grade!
ATTENTION: Students in grades 1-6th will meet (M-F) from 9:00 a.m.-2:30 p.m. AND students in grades 7-12th will meet (Sun.-Thur.) from 7-9:00 p.m.
Please make carpooling arrangements to get students to and from.

Child's Name	**Sex**	**Grade** level for Fall 2019	**Allergies/ Medical Conditions** include ADD, ADHD, etc. Please be specific and include reactions. ***Volunteers cannot administer ANY medications***	Check the box for the sacraments received. **Baptism:**	**Penance:**	**Eucharist:**	**Totus Tuus T-Shirts** are optional. The cost is $10.00 and is at the individuals expense.

Please sign below for VIDEOTAPING, STILL PHOTOGRAPHY and CONSENT to PARTICIPATE
This authorization form constitutes permission for my child(ren)'s participation in the videotaping and/or photographs which may be taken during the program. They may be used for future promotional efforts, including Diocese of Joliet Publications, social media and our parish Website. __ Yes __ No

_____ _____
Parent Signature Date

Parental consent for child(ren) to participate in Totus Tuus program:

_____ _____
Parent Signature Date

Our Totus Tuus Event Needs Your Help!

There are a variety of ways that you as a parent can help:
- o Host our youth volunteers (guy/gals are separated)
- o Invite the team one night for dinner Sun.-Thurs. at 5:15
- o Providing food—see bulletin as details become available.
- o Help during the a.m. or p.m. sessions
- o Provide some of the supplies for the daily operation

____ **contact me! I would like to help.**

Name:_____ #(___)_____

Please submit completed registration forms:

St. Mary's in Upsala C/O Fr. Jeremy Theis (P.O. Box 249 Upsala, MN 56384) OR to Two Rivers Catholic Central Office C/O Jamie Heurung (P.O. Box 308 Holdingford, MN 56340) or scan and electronically submit to totustuus@tworiverscatholic.com Thanks!