

ADULT VOLUNTEERS

We need adult volunteers to make this program possible. Volunteers are needed for both the daytime program with the younger students and the evening program with the middle and high school students.

_____ I would like to volunteer with the 1st-6th grade students during the day.

_____ I would like to volunteer with the middle and high school students during the evenings.

Volunteer's first & last name: _____

In compliance with diocesan policy, all adults who volunteer must:

- 1) Attend the VIRTUS SAFE ENVIRONMENT TRAINING,
- 2) Complete the DIOCESAN BACKGROUND SCREENING, and
- 3) Sign the DIOCESAN CODE OF CONDUCT

The Code of Conduct must be signed each year; however, you are only required to complete the other two requirements once. If you are not sure, call the diocesan office at 417-866-0841.

Background Disclosure and Authorization and Code of Conduct forms are available at your parish office or at www.dioscrg.org. Return the completed forms to your parish office and fill in the background screening section on your Virtus Account - this can precede your application.

Go to www.virtus.org to register for a safe environment training at which time you may complete the Code of Conduct and Background Authorization (a paper copy of this form still needs to be turned into your parish office.)

TEAM HOSTING INFORMATION

Four Missionaries (college aged students) will be traveling to each parish to conduct the week of Totus Tuus events. They will be staying at parishioners homes and will be joining different families for dinner each night.

Please initial if you are willing to host a team dinner.

_____ I am interested in hosting the 4 team members for dinner one night.

Circle your preferred night(s):

SUN MON TUE WED THUR FRI



REGISTER ONLINE !

Scan the QR code to register online

Register online OR submit completed registration forms to the St. Ann Parish office.

For more information, contact your Totus Tuus parish coordinator:

Heidi Gilligan, (417) 388-2365
heidi.gilligan@sbcglobal.net

or visit the Totus Tuus page at:
dioscrg.org/totustuus/

or contact the Office of Evangelization, Catechesis, and Youth Formation

Lynn Melendez, Director
417-866-0841 // lmelendez@dioscrg.org



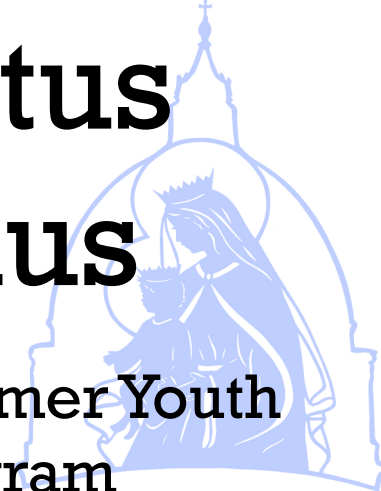
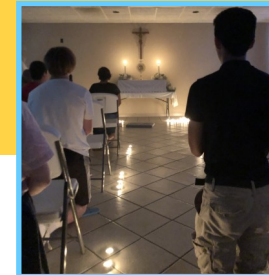
This program is made possible through your contributions to the Capital Campaign Fund for Youth Endowment.

THE DIOCESE OF
SPRINGFIELD-CAPE GIRARDEAU

REGISTRATION FORM

Totus Tuus

Summer Youth Program

St. Ann Parish

1156 Grand Ave,
Carthage, MO

June 19 - 24, 2022

Monday-Friday ::
8:30 am - 2:00 pm for Grades 1-6

Sunday-Thursday ::
7:00 pm - 9:15 pm for Grades 7-12

Join us for faith, fellowship, fun!

Totus Tuus is a summer Catholic youth program dedicated to sharing the Gospel and promoting the Catholic faith through evangelization, catechesis, Christian witness, and Eucharistic worship. A team of energetic young adults will lead the children of the parish in games, skits, lessons, prayer, discussions, and more!

The mission of Totus Tuus is to inspire in young people a true longing for holiness, a deep desire for daily conversion, and an openness to their vocation by constantly challenging them to give themselves entirely to Christ through Mary and by continually strengthening their prayer lives in imitation of her.

STUDENT INFORMATION

Student's Name: _____

Address: _____

City: _____ State: ___ Zip: _____

Date of Birth: _____ Male Female

Grade Next School Year:

1 2 3 4 5 6

7 8 9 10 11 12 College Freshman

Parish Name: _____

City of Parish: _____

Pastor: _____

Has the student received the Sacraments of:

Baptism Reconciliation Eucharist

PARENTS/GUARDIANS

Name of Mother/Guardian: _____

Cell/Work #: _____

Name of Father/Guardian: _____

Cell/Work #: _____

IMPORTANT MEDICAL INFORMATION

Parent/Guardian please initial ONLY those that are applicable

--- No Medication of any type, whether prescription or non-prescription, may be administered to my/our child unless the situation is life-threatening and emergency treatment is required.

--- I/we hereby grant permission for non-prescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my/our child, if deemed advisable.

You should be aware of these allergies, medical conditions or special needs of my/our child: _____

EMERGENCY INFORMATION

In the event of an emergency, I/we hereby give permission to transport my/our child to a hospital for treatment by the hospital or doctor. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me/us at the above numbers, contact the emergency contact listed below.

Parent/Guardian Initial here to indicate consent: _____

Emergency Contact Name: _____

Relationship to Student: _____

Cell Phone: _____

Work Phone: _____

Family Doctor: _____

Phone #: _____

Family Health Plan Carrier: _____

Policy #: _____

PARENT/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name: _____

I/we, (names of parents or guardian) __, grant permission for my/our child whose name is listed above, to participate in a **designated session of Totus Tuus** to be scheduled between **June 12, 2022 and July 29, 2022**. This activity will take place under the guidance and direction of diocesan employees and/or volunteers. As parent(s)/guardian, I/we remain legally responsible for any personal actions taken by the above named minor (participant).

I/we agree, on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Springfield-Cape Girardeau, its officers, directors, employees and agents, chaperones or representatives associated with the event, from any claim arising from or in connection with my/our 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, its officers, directors, employees, agents and chaperones or 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, unless such claim arises from the negligence of the diocese.

I/we hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child.

I/we hereby release to the diocese of Springfield-Cape Girardeau the rights of my child's photographs/audio/videos, for the purpose of promotion, video, web site or publications of the diocese.

THE DIOCESE RECOMMENDS THAT STAFF, VOLUNTEERS, AND PARENTS NOT POST TO SOCIAL MEDIA OR DISTRIBUTE PERSONAL IDENTIFIABLE INFORMATION, INCLUDING PICTURES OF ANY CHILD UNDER THE AGE OF 18, WITHOUT VERIFIABLE CONSENT OF A PARENT OR GUARDIAN.

Parent/Guardian Signature: _____ Date: _____

CODE OF BEHAVIOR

I, (name of Participant) _____, hereby agree to abide by all pertinent rules and regulations as established by my parish, the Totus Tuus team and the Diocese of Springfield-Cape Girardeau. I will cooperate fully with any chaperones or leaders of this event and obey local laws and ordinances in addition to any special rules given to me. I understand that failure to comply with these expectations may result in me having to leave the program.

Participant Signature: _____ Date: _____

I/we agree that my/our child shall abide by all pertinent rules and regulations for this event. I/we agree that if my/our child fails to abide by the code of conduct my/our child may be sent home immediately at my/our expense. I/we fully understand and sign this Parental/Guardian Consent Form and Liability Waiver knowingly, freely and willingly. (Your signature is required).

Parent/Guardian Signature: _____ Date: _____