

TOTUS TUUS REGISTRATION PACKET

JULY 2025

Dear Parents,

Totus Tuus is a fun and engaging faith formation program for children to help them grow in their love of Jesus and His Church. The phrase "Totus Tuus" means "totally yours" - signifying a desire to give oneself entirely to Jesus Christ through Mary. What better desire could we have for ourselves and for our children?! Traveling young missionaries will be bringing this program to St. Paul's for a week again this summer. Get ready for a fun and active week at the parish!

Children entering kindergarten through 4th grade are invited to attend the **FREE** day program from **Monday, July 14th through Friday, July 18th from 9:00am - 2:30pm**. The schedule is flexible if children cannot attend the entire day/week in full. This program will include fun sing-alongs, skits, and catechesis, as well as:

- Morning snack (provided)
- Opportunity for daily Confession at 10:45am
- Daily Mass at **11:15am** with children reading, bringing up the gifts, and altar serving
- Lunch/recess (**please send a bag lunch for your child each day**)
- Friday afternoon Human Sundae and water fight (**please send a swimsuit, towel, and a squirt gun or bucket on Friday**)

Children entering 5th through 8th grades are invited to attend the **FREE** evening program from **Sunday, July 13th through Thursday, July 17th from 7:00pm - 9:15pm**. For children near the cutoff (i.e. those entering 5th grade), parents can decide whether the day or evening program would be appropriate for their child(ren). This program will include time in fellowship with the missionaries, as well as:

- Wednesday evening Eucharistic Adoration and opportunity for Confession
- Thursday evening fun night/bonfire in Fr. Becker's backyard

Parents and all parishioners are invited to attend the daily Masses at 11:15am.

Additionally, parents and all parishioners are invited to a cookout potluck at the parish, on **Wednesday, July 16th from 5:00pm - 6:30pm**. Meat will be provided; please bring a dish to share!

The **Family Information Sheet** and **Diocesan Event Form** are attached; please return both to the parish office. A diocesan event form is needed for each child.

We are looking forward to a lot of laughs and hearts open to receive Our Lord more deeply!

In Christ,
The Totus Tuus team at St. Paul Parish

Grades 5 - 8

EVENT RELEASE FOR MINOR

Minor Participant Event Release Form

Please fill out this form for anyone who is age 18 (still in high school) and under.

PARISH/SCHOOL: St. Paul Parish CITY: Mosinee

CONTACT INFORMATION

PARTICIPANT: _____ DATE OF BIRTH: _____

☐ MALE
☐ FEMALE

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MOBILE PHONE: _____ HOME PHONE: _____

I, the parent/guardian named above, grant permission for my child "PARTICIPANT", to participate in the activity named below, this activity will take place under the guidance and direction of parish/school employees and/or volunteers. I understand and have read the activity details below:

EVENT: Totus Tuus - Grades 5 - 8

EVENT DATE: July 13-17, 2025 EVENT TIME: 7:00 p.m. - 9:15 p.m.

EVENT LOCATION: St. Paul Parish, Mosinee

ESTIMATED DATE/TIME OF DEPARTURE: n/a

ESTIMATED DATE/TIME OF RETURN: n/a

INDIVIDUAL IN CHARGE: Kim Gilray, Mary Stankowski

MODE OF TRANSPORTATION TO AND FROM EVENT: n/a

PARENTAL/GUARDIAN CONSENT AND LIABILITY FOR MINORS

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named PARTICIPANT.

I agree on behalf of myself, my child "PARTICIPANT", or our heirs, successors, and assigns, to hold harmless and defend the above "PARISH/SCHOOL", its officers, directors, employees, chaperones, and agents, and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents from any claim arising from or in connection with PARTICIPANT attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and agree to compensate the PARISH/SCHOOL, its officers, directors, employees, chaperones, and agents and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents associated with the PARTICIPANTS attendance, enrollment or participation on the program, school, activity or event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, whether such claim arises from the alleged negligence of the PARISH/SCHOOL, its officers, directors, employees, chaperones, and agents, and the Diocese of La Crosse, its officers, directors, employees, chaperones, and agents negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

I acknowledge that I have previously completed the "COMPREHENSIVE RELEASE & MEDICAL FORM FOR MINOR" providing medical information, permissions, authorizations, and releases pertaining to PARTICIPANT. Subject to any changes above, I hereby reaffirm any and all such disclosures, permissions, authorizations and releases as though stated herein.

SIGNATURE: _____ DATE: _____

Diocese of La Crosse

Child Comprehensive Medical Release & Permission Form

Contact Information

Name: _____ Date of Birth: _____ Male ☐ Female ☐

Parish Name/City: St. Paul Parish Year of Graduation: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ (Home) E-mail Address: _____

Mother's name: _____ Phone: (H) _____ (W) _____ (C) _____

Father's name: _____ Phone: (H) _____ (W) _____ (C) _____

Emergency Contact: _____ Relationship: _____

Phone: (H) _____ (W) _____ (C) _____

Physician: _____ Clinic/Hospital: _____ Office Phone: _____

Medical Insurance Company: _____ Policy #: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which the participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken. The parish/Diocese of La Crosse will take reasonable care to see that the following information will be held in confidence. Some activities may be physically strenuous (especially mission trips and camps). If you desire to limit a participant's participation in any way, please submit your wishes in writing prior to the trip.

1. Is the participant in good health and able to participate in normal activities? Yes ☐ No ☐
If not, please submit a statement indicating limitations and/or restrictions.

2. Please give the date of the participant's most recent physical examination: _____

3. Immunization History (Please give dates)

Date of last Tetanus Shot: _____

Please fill in below only for foreign mission trips:

DPT _____ DPT Booster _____ Polio Booster _____ Polio Series _____

Other, if any necessary, for specific trip: _____

**Note: You are responsible for consulting your doctor about immunizations necessary for foreign missions.*

4. Allergies

Pollens ☐ Medications ☐ Food ☐ Insect Bites ☐

Please note specifics: _____

5. Has the participant ever suffered from or been treated for any of the following:

| | | |
|-------------------------------------|--|--|
| Asthma <input type="checkbox"/> | Epilepsy/seizure disorder <input type="checkbox"/> | Heart trouble <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Frequently upset stomach <input type="checkbox"/> | Physical handicap <input type="checkbox"/> |
| Depression <input type="checkbox"/> | Emotional/Mental Disorder <input type="checkbox"/> | Other _____ |

6. Operations, serious injuries, or major illnesses in the past year:

_____ Dates: _____

7. Is the participant subject to chronic homesickness, emotional reactions to new situations (sleepwalking, bedwetting, fainting)? _____

8. Has the participant recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, list date and disease or condition: _____

9. Does the participant have a medically prescribed diet? Yes ☐ No ☐

10. The participant is a swimmer ☐ non-swimmer ☐

Medical Treatment

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment at my expense. I wish to be advised prior to any further treatment by the hospital or doctor. In the event that you are unable to reach me, such treatment may be administered if deemed necessary. In the event of an emergency, if you are unable to reach me at the numbers given above, please contact the emergency contact listed above.

Initials of Parent Guardian: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of La Crosse, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Initials of Parent Guardian: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Initials of Parent Guardian: _____ Date: _____

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

OR

I hereby grant permission for non-prescription medication (such as aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child if deemed appropriate.

Initials of Parent Guardian: _____ Date: _____

Initials of Parent Guardian: _____ Date: _____

Parental/Guardian Consent and Liability for Minors

I, _____, grant permission for my child, _____ to participate in this diocesan/parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of diocesan/parish employees and/or volunteers from **St. Paul Parish**.

Parent or guardian's name

Child's name

Name of Parish

A brief description of the activity follows:

Type of activity: **Totus Tuus 2025**

Individual in Charge: **Kim Gilray, Mary Stankowski**

Estimated time of departure and return: **n/a - on Parish grounds**

Gr. 1-5: July 14-18, Gr. 6-12: July 13-17, 2025

Mode of transportation to and from activity: **n/a**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **St. Paul Parish**, its officers, directors, employees and agents, and the Diocese of La Crosse, its employees

Name of Parish

and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of La Crosse, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which 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 parish/diocese.

Initials of Parent Guardian: _____ Date: _____

Code of Conduct

We expect each participant to conform to these rules of conduct:

No possession or use of alcohol, drugs, tobacco, or pornography.

No fighting, weapons, fireworks, lighters, or explosives.

No offensive or immodest clothing.

No student may drive.

No males in female sleeping quarters, and no females in male sleeping quarters.

Participation with the group is expected.

Respect property.

Respect one another, staff, and leaders.

Respect and comply with event schedules and with any other specific event rules established by leaders.

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Initials of Student: _____ Date: _____

Initials of Parent Guardian: _____ Date: _____

Permission to Use Participant Photos

You have my permission to use said participant's photos for commercial purposes (ex: advertising this event in flyers, on the web, etc.).

Initials of Student: _____ Date: _____

Initials of Parent Guardian: _____ Date: _____

Statement of Truth and Accuracy

I hereby certify that all of these statements are true and accurate to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

Family Information Sheet

*Please return to the parish office
along with a registration form for each child*

DAY PROGRAM: If your child(ren) will not attend the full week, please indicate which days and times they will be present:

☐ My child(ren) will attend the full day program (Mon-Fri 9am-2:30pm)

○ Name(s): _____

☐ My child(ren) will partially attend on these days/times:

○ Name(s): _____

EVENING PROGRAM: If your child(ren) will not attend the full week, please indicate which days and times they will be present:

☐ My child(ren) will attend the full evening program (Sun-Thur 7-9:15pm)

○ Name(s): _____

☐ My child(ren) will partially attend on these days/times:

○ Name(s): _____

If you would like to discuss flexible scheduling options further, please contact Mary Stankowski at (414)732-0157.

(OVER)

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Is there anything else you would like the parish volunteer team to know about your child(ren) (i.e. prone to wandering, assistance needed with certain tasks, etc.)?

Please indicate whether your family plans to attend the cookout/potluck on Wednesday, July 16th from 5:00pm - 6:30pm.

- ☐ Our family will be there! Number attending _____
- ☐ Undecided, we hope it will work! Number possible _____
- ☐ Sorry, we are unable to attend

Parent name(s): _____

Phone number(s): _____