

Totus Tuus 2026 Registration Form



Totus Tuus Programs:

Totus Tuus Day Program: for entering grades 1-6 meets on Monday-Friday, July 13-17 from 9:00am-2:30pm
 *Please provide a packed lunch each day for your child(ren) NO NUTS PLEASE

Totus Tuus Evening Program: for entering grades 7-12 meets on Sunday-Thursday, July 12-16 from 7:00-9:00pm
 Thursday evening activity will take place off site and transportation will not be provided by the parish.
 The activity is TBD and will be communicated Sunday evening.

Wednesday evening potluck planned for ALL TOTUS TUUS FAMILIES beginning at 5:00pm until 6:30pm
 More information will be made available at the beginning of Totus Tuus.

Totus Tuus will take place at: St. Bernadette School, 1343 Wheeling Rd, Lancaster, OH 43130

Day Program Leaders: Shana Leonard – 740-653-0997 and Sarah Borah – 740-653-1893

Evening Program Leaders: Audrey Neumeier – 740-653-0997 and Val Ely – 740-653-1893

<u>Name of Child(ren)</u>	<u>Date of Birth</u>	<u>Grade Entering</u>	<u>Received First Communion</u>	<u>Allergies/Behavior Needs:</u>
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	

Early Bird Special!
March 25th (Annunciation)
 Parishioners: \$10/child
 Non-Parishioners: \$20/child

May 13th
(Our Lady of Fatima)
 Parishioners: \$20/child
 Non-Parishioners: \$30/child

July 5th
Last Minute Sign-ups
 Parishioners: \$30/child
 Non-Parishioners: \$40/child

If anyone needs financial assistance, please reach out to Audrey or Val at the numbers listed above.

7th – 12th Grade Youth Volunteer Sign-Up

Please list any Totus Tuus Evening Participants that would like to volunteer during the
 Totus Tuus Day Program, July 13-July 17 from 9:00 a.m. to 2:30 p.m.

Name of Student:	Allergies:	Email Address:

Continue on back

Registration forms can be returned to the parish offices. Attn: Totus Tuus

Medical/Liability Information — Completed by Parent or Guardian — Please Print

Home Address _____ City _____ Zip _____

Family Parish: _____

Parent or Guardian Name: _____ Email: _____

Contact No. (c) _____ (h) _____ (w) _____

Parent or Guardian Name: _____ Email: _____

Contact No. (c) _____ (h) _____ (w) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. (h) _____ (c) _____

Family Doctor _____ Phone No. _____

**DIOCESE OF COLUMBUS
REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT**

PARISH NAME: St. Mary and St. Bernadette PARISH CITY: Lancaster

Please print clearly. All incomplete forms will be returned.

PERMISSION

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant(s) and have full legal responsibility for the Participant(s). The undersigned hereby grant(s) permission for the Participant(s) to participate in the Activity Totus Tuus.

RELEASE AND INDEMNIFICATION

Release. The undersigned on behalf of the undersigned, the Participant(s), and the heirs, successors and assigns of the undersigned and the Participant(s), hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant's participation in the Totus Tuus program.

Indemnification. The undersigned shall indemnify and hold harmless the Diocese of Columbus, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant's(s') participation in the Totus Tuus program, unless arising from the negligence of an indemnified party.

Emergency Medical Treatment

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant(s) to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: _____ Phone: (_____) _____

CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION

The undersigned hereby consent to the release of photographs, videos and name of the Participant(s) to be used by the Diocese of Columbus and St. Mary and St. Bernadette for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact your group leader listed above at 740-653-0997.

____ Please initial here if you **DO NOT** consent to the release of personally identifiable information. If you do not consent, please discuss this with your child(ren) as they will be asked to move out of all pictures and videos.

SIGNATURES

**THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY
AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT**

Parent/Legal Guardian Signature: _____ Date _____

Parent/Legal Guardian Print: _____

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