

Totus Tuus 2019

Totus Tuus is back at St. Bernard this summer July 13th - July 20th. Please see the attached information sheet, registration form, and medical/liability release form. Please return the registration/release form as soon as possible for planning purposes. Payment is due the first day of the program.

The following opportunities are available to help our community make this summer program a success. Please contact Katie Galloway if you are available to assist in any of the following.

Prayers for a successful and safe program this year.

2 homes, 1 for the girls, 1 for the boys are needed. The team needs a place to sleep, shower, and have a light breakfast.

7 evening meals and 2 lunch meals are needed for the team members. You can invite the team to your home for a meal, prepare a meal that can be delivered to school for them to enjoy, or donate \$40-\$50 to purchase 4-\$10 or 2-\$25 SCRIP cards for the team members to enjoy a meal out.

Snacks and drinks are needed for the evening program. You can do homemade or store bought.

2 adult volunteers are needed to help Monday to Friday from 9:00 to 1:00 with snack and lunch preparations.

6-8 youth volunteers (grades 7-12) are needed to help Monday to Friday from 9:00 to 2:30 in the classrooms.

Sponsors are accepted to donate for a student to attend the program, for supplies needed to run the program, or to help off-set the cost to the Archdiocese for a team to participate at St. Bernard.

Thank you for helping Totus Tuus 2019 be a huge success for the St. Bernard Catholic Community.

Katie Galloway 402.517.1040 or kgalloway@stbernardomaha.org





Totus Tuus 2019



TOTUS TUUS (Totally Yours) is a fun and energetic parish based summer catechetical program, for both grade school age children and junior and senior high school youth. We gather together college students and seminarians on to teams of four to train them and send them out on the road to spread the Good News of Jesus Christ in various parishes throughout the Archdiocese of Omaha. Their youthfulness, energy, and ability to witness to the Faith make our teachers particularly effective with children and young people.

The team serves for a week in each parish by putting on a program Sunday-Thursday from 7:00pm-9:00pm for grades 7th-12th. Our goal is to put the youth in contact with the Lord so that they can develop a deep personal relationship with Him. To this end, we have a night of Adoration and the opportunity for the Sacrament of Reconciliation, catechetical instruction on topics important to young people, and a night of fellowship with the team members.

The teams also present a grade school program (grades 1-6) that runs Monday-Friday from 9:00am-2:30pm. Our time is spent on catechetical instruction, songs, games, daily Mass, the opportunity for the Sacrament of Reconciliation, lunch, recess and more! The week ends with a large water fight with the children in celebration for the week. The focus is on imparting an understanding and love of the Eucharist, devotion to Mary, catechetical instruction, vocational discernment, and providing an enjoyable experience.

Grades 7-12 @ St. Bernard July 14th-18th from 7:00pm-9:00pm

Grades 1-6 @ St. Bernard July 15th-19th from 9:00am-2:30pm

Cost is \$50 per student---Scholarships Available

Grade 7-12 cost includes t-shirt, snacks, & fun night.

Grade 1-6 cost includes t-shirt, daily snack, & daily lunch.

Coordinator is Katie Galloway # 402-517-1040 or kgalloway@stbernardomaha.org

St. Bernard Parish 3601 North 65th Street Omaha, NE 68104 "Omnia Per Mariam" (402) 551-0269 www.stbernardomaha.org

f You Tube

ST. BERNARD CATHOLIC COMMUNITY TOTUS TUUS 2018 Registration Form



Please complete form and return to parish or school office with payment.

| PARENTS/GUARDIANS: | | | | | |
|--|----------|-----------------|--|--|--|
| ADDRESS: | | | | | |
| CITY/STATE/ZIPCODE: | | | | | |
| EMAIL ADDRESS: | | | | | |
| Home # | _ Cell # | Work # | | | |
| Please list all children being enrolled in Totus Tuus. Please complete Medical/Liability Release Form for each participant. | | | | | |
| NAME | | 2018/2019 GRADE | | | |
| | | | | | |
| EMERGENCY CONTACT: NAME: | PHON | IE #: | | | |

Archdiocese of Omaha & St. Bernard Permission to Publish

To share information concerning the outstanding accomplishments of our youth, we may write articles, produce videos, and provide pictures for publication in various media. Websites or hard copy included, but not limited to, are Totus Tuus, Arch Omaha, Catholic Voice, Omaha World Herald, and St. Bernard. To include your child in this publicity, we must have your written permission. You have the right to revoke permission at any time.

Please Initial Below:

_____ I grant permission to the Archdiocese of Omaha, Totus Tuus, and St. Bernard to use the pictures and video of my child/children in positive media presentations.

_____ I DO NOT grant permission to the Archdiocese of Omaha, Totus Tuus, and St. Bernard to use the pictures and video of my child/children in positive media presentations.

| Signature of Parent/Guardian | Date | Э |
|------------------------------|--------------------|--------------------|
| | St. Bernard Parish | |
| 3601 North 65th Street | Omaha, NE 68104 | "Omnia Per Mariam" |
| (402) 551-0 | 269 www.stbernardo | omaha.org |
| | f You Tube | |

ST. BERNARD CATHOLIC COMMUNITY



ARCHDIOCESE OF OMAHA Medical/Liability Release Form

| Last Name | First Name | | |
|-----------------------|---------------------|--------------|-------|
| Address | | | _ Zip |
| Phone | e-mail | | - |
| Birth date// | (circle one) M or F | | |
| Emergency Contact # 1 | ```` | Relationship | |
| Contact Phone # | | | |
| Emergency Contact # 2 | | Relationship | |
| Contact Phone # | | | |
| Insurance Company | | _ Policy # | |
| Physician Name | | _ Phone # | |
| | | | |

List any Allergies/Medications/Medical Concerns, including food allergies: (Contact wearer: Yes/ No)

Medical Permission for Youth and Adults I grant permission in the event I/my child is injured or becomes ill for medical care to be administered to me/my child and to use my/our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician. Permission for Other Medical Matters YES, in the event it comes to the attention of the archdiocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to my child. Release of Liability for Youth and Adults The undersigned do hereby release, forever discharge and agree to hold harmless the Office of Vocations/Totus Tuus and the Archdiocese of Omaha from and against any and all kind of liability, claims, demands, lawsuits, and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or the undersigned's minor child. The undersigned further agree to indemnify and hold harmless the Office of Vocations/Totus Tuus and the Archdiocese of Omaha and its respective members, officers, directors and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the event named. Code of Behavior for Youth and Adults I agree to abide by and/or instruct my child to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/my child fail(s) to abide in any way by the rules, that I/my child can be dismissed from the event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from the archdiocese or its chaperones/representatives.

| Signature of Participant | Date |
|-------------------------------|------|
| Signature of Parent/Guardian* | Date |

*Required if participant is under 18

