

CLUSTER TOTUS TUUS + VACATION BIBLE SCHOOL

Totus Tuus (a Latin phrase meaning “totally yours”) was the motto of Pope St. John Paul II. It signifies our desire to give ourselves entirely to Jesus Christ through the hands of our Blessed Mother Mary.

The mission of Totus Tuus is to inspire in young people a true longing for holiness. Seminarians and college students from the Archdiocese of Cincinnati carry this mission to every young person and participant of Totus Tuus.

The youth see that these young adults are joyful and on fire with the Catholic faith, which encourages them to strive for the same thing in their lives.

Vacation Bible School Program

- Students entering grades K-2
- Monday-Friday 9:00am-2:30pm
- Join us for a fun, faith-filled day with games, skits, songs, sacraments, class, lunch, & recess
- Bring a sack lunch
- Cost: \$10 (t-shirts will be available for \$10)

Totus Tuus Grade School Program

- Students entering grades 3-6
- Monday-Friday 9:00am-2:30pm
- Join us for a fun, faith-filled day with games, skits, songs, sacraments, class, lunch, & recess
- Bring a sack lunch
- Cost: \$10 (t-shirts will be available for \$10)

Teen Program

- Students entering grades 7-12 (and recent grads)
- Sunday-Thursday 7:00-9:00pm
- Join us for a week of engaging discussions, prayer opportunities, learning, games, and life changing witnesses of how to give yourself totally to God
- Cost: \$10 (t-shirts will be available for \$10)



Dates: June 20-25, 2021

Meeting Place: St. Henry CCD Center

Registration Due May 28 to Cluster Office or CCD Center

Questions? Contact Miranda at the Cluster Office 419-678-4118.



ST. HENRY CLUSTER

We're all in this together.

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-2020)

1. I, the custodial parent/legal guardian of my child(ren) identified on this form, give permission for my Child(ren) to participate in the activity described on the *Activity Information Form* (the "Activity") and release from all liability, indemnify, and hold harmless St. Henry Cluster Parishes ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child(ren) while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name, or on behalf of my Child(ren), any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.
2. I understand that my Child(ren)'s participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child(ren), and I on behalf of my Child(ren), agree to my Child(ren)'s participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child(ren) has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child(ren) and I will consult with a health care professional before participating in the Activity.
3. I agree to instruct my Child(ren) to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.
4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child(ren) in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child(ren).
5. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use my Child(ren)'s portrait or photograph for promotional purposes, website, and office functions.
6. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child(ren) regarding parish/school related ministry activities.
7. This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.
8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child(ren), and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian _____ **Date** ___/___/___

Print Name: _____

Home Address: _____ City: _____ Zip: _____

Place of Employment & Address _____

Custodial Parent/Legal Guardian Phone No. (cell): _____ (home): _____ (work): _____

Email address (notification for cancellation): _____

Emergency Contact: _____ Phone (home) _____ (cell) _____

Family Doctor: _____ Phone No.: _____



MEDICAL INFORMATION FORM

Completed by Custodial Parent/Legal Guardian — Please Print

Mother's Name: _____ Father's Name: _____

Medical Insurance Co. _____ Policy No. _____

Member's Name: _____ Phone (home) _____ (cell) _____

Member's Birth Date: ____/____/____/ Member's Soc. Sec. No. * _____

1. Child's Name _____ Birth date ____/____/____/

Entering Grade: _____ Child Soc. Sec. No. * _____

Allergies/Medications: _____

Chronic Conditions (e.g. epilepsy, diabetes, asthma): _____

Other information we should know about your child: _____

Tshirt Size (Y is Youth): Y-S Y-M Y-L Y-XL S M L XL

2. Child's Name _____ Birth date ____/____/____/

Entering Grade: _____ Child Soc. Sec. No. * _____

Allergies/Medications: _____

Chronic Conditions (e.g. epilepsy, diabetes, asthma): _____

Other information we should know about your child: _____

Tshirt Size (Y is Youth): Y-S Y-M Y-L Y-XL S M L XL

3. Child's Name _____ Birth date ____/____/____/

Entering Grade: _____ Child Soc. Sec. No. * _____

Allergies/Medications: _____

Chronic Conditions (e.g. epilepsy, diabetes, asthma): _____

Other information we should know about your child: _____

Tshirt Size (Y is Youth): Y-S Y-M Y-L Y-XL S M L XL

4. Child's Name _____ Birth date ____/____/____/

Entering Grade: _____ Child Soc. Sec. No. * _____

Allergies/Medications: _____

Chronic Conditions (e.g. epilepsy, diabetes, asthma): _____

Other information we should know about your child: _____

Tshirt Size (Y is Youth): Y-S Y-M Y-L Y-XL S M L XL

* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it

ACTIVITY INFORMATION FORM

Parish/School: St. Henry Cluster Parishes

Starting/Ending Dates/Times:

Meeting Place: St. Henry CCD Center

Location: St. Henry Parish Church, CCD Center

Activities Involved: Games, classes, skits, lunch/snacks, song and craft, recess, small groups, socializing

Group Leader Miranda Schwieterman

Activity: Vacation Bible School // Totus Tuus

Grades K-6: Meet Monday-Friday 9:00am-2:30pm (6/19/21-6/25/21)

Grades 7-12: Meet Sunday-Thursday 7:00pm-9:00pm (6/20/21-6/24/21)

Type of Transportation: N/A

Registration Fee: Cost: \$10 (t-shirts will be available for \$10)

Telephone No. 567-279-4541

Signature of Custodial Parent/Legal Guardian _____ Date ____/____/____/

