



Totus Tuus 2023 Most Pure Heart of Mary Topeka

Parish Coordinator: Michael Rose

Contact Info: (785) 272-3203 | mrose@mphm.com

Grade School Program

for incoming 1st through 6th graders
Monday, July 10 – Friday, July 14, 2023
9:00 a.m. – 3:00 p.m.

High School Program

for incoming 7th through 12th graders
Sunday, July 9 – Thursday, July 13, 2023
6:30 p.m. – 8:45 p.m.

Parent Information:

FATHER'S INFORMATION:

NAME _____

ADDRESS _____

CITY & ZIP _____

FATHER'S E-MAIL _____

HOME PHONE (____) _____

WORK PHONE (____) _____

CELL PHONE (____) _____

MPHM Parishioner: YES NO

MOTHER'S INFORMATION:

NAME _____

ADDRESS (if different than father's) _____

CITY & ZIP _____

MOTHER'S E-MAIL _____

HOME PHONE (____) _____

WORK PHONE (____) _____

CELL PHONE (____) _____

MPHM Parishioner: YES NO

Emergency Contact Information – Please provide the name of someone who lives in the area, other than a parent living in the home with the child. In the case of an emergency, my child/children may be released to:

Name _____ Relationship to child _____
Home Phone (____) _____ Cell Phone (____) _____

Participant Information:

CHILD #1 NAME (first & last) _____ Grade Entering in Aug '23 _____

Date of birth ____/____/____ Male/Female Is Catholic: yes or no

Has Received First Communion: yes or no

Food allergies: _____ Special Needs: _____

CHILD #2 NAME (first & last) _____ Grade Entering in Aug '23 _____

Date of birth ____/____/____ Male/Female Is Catholic: yes or no

Has Received First Communion: yes or no

Food allergies: _____ Special Needs: _____

CHILD #3 NAME (first & last) _____ Grade Entering in Aug '23 _____

Date of birth ____/____/____ Male/Female Is Catholic: yes or no

Has Received First Communion: yes or n

Food allergies: _____ Special Needs: _____

CHILD #4 NAME (first & last) _____ Grade Entering in Aug '23 _____

Date of birth ____/____/____ Male/Female Is Catholic: yes or no

Has Received First Communion: yes or no

Food allergies: _____ Special Needs: _____

REGISTRATION FEE: \$40/child; \$95/family

Fee	Check #	Date Received
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Archdiocese of Kansas City in Kansas

TOTUS TUUS

PARTICIPATION CONSENT AND LIABILITY WAIVER

I, _____ grant permission for my child(ren): list all children participants below in order of age

Parent or guardian's name

- 1. _____
2. _____
3. _____
4. _____

to participate in an activity or program named below. This activity will take place under the guidance and direction of the Archdiocese of Kansas City in Kansas employees and/or volunteers.

Description of Activity:

Type of Activity: Totus Tuus 2023
Date of Activity: July 9-14, 2023
Location of Activity: Most Pure Heart of Mary - Topeka

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(ren) named herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Kansas City in Kansas, its officers, directors, employees and agents, chaperones, or representatives ("Releases") associated with this activity, from any claim arising from or in connection with my child participating in this activity or in connection with any illness, injury or death (specifically including, but not limited to the risks associated with the exposure to and possible contraction of communicable diseases, including the COVID-19 virus as further described below), or cost of medical treatment in connection therewith, and I agree to compensate the Archdiocese of Kansas City in Kansas, its officers, directors and agents, and the releases associated with this activity 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 Archdiocese of Kansas City in Kansas.

RISKS ASSOCIATED WITH CORONAVIRUS/COVID-19: The program Sponsor/Staff will implement mitigation measures as may be recommended or required by local, state and federal authorities. These measures may include mask wearing, social distancing measures and various hygienic practices. Despite such precautions, the risks associated with transmission of COVID-19 remain present. The nature of many activities makes it difficult to observe all of the recommended precautions at all times; for example, individuals will not always be six feet apart and infrequent and incidental moments of closer proximity and contact are likely to occur, and surfaces may not always be free of viruses and other infectants, etc. As a result of participation in activities and proximity to other participants, your child may be exposed to the risk of infection of communicable diseases, including COVID-19.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child/children is/are in good health and I assume all responsibility for the health of my child.

Of the following statements pertaining to medical matters, sign only those that are applicable.

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. 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 at the above numbers, contact:

Name _____ relationship to child _____

Phone: (____) _____ Family Doctor: _____ Phone: (____) _____

→ Signature: _____ Date: _____

MEDICATIONS: My child (#1, #2, #3, #4) is taking medication that will need to be given during Totus Tuus. 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: _____

→ Signature: _____ Date: _____

Initial ONE:

_____ 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.

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

→ Signature: _____ Date: _____

SPECIFIC MEDICAL INFORMATION: The Archdiocese of Kansas City in Kansas will take reasonable care to see that the following information will be held in confidence. [\(Please include child's name and detail. If more space is needed, use an additional sheet of paper and attach.\)](#)

Allergic reactions (medications, foods, plants, insects, etc.): _____

Does child have any physical limitations? _____

You should be aware of these special medical conditions (specify which child): _____

MEDIA RELEASE

Initial One

_____ I hereby authorize the Archdiocese of Kansas City in Kansas, and its agents to utilize my child(ren)'s photographic or videographic image for the specific purpose of publication of the Archdiocese of Kansas City in Kansas events (including promotional materials). In giving my consent, I hereby release and hold harmless the Archdiocese of Kansas City in Kansas and its agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph or video of me or my child(ren) be used.

_____ I do not grant permission to use photographic or videographic images of me and/or my child(ren) for any purpose.

→ Signature: _____ Date: _____