



# Come Join Us for Totus Tuus Youth Summer Camp! July 15-20, 2018

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**Totus Tuus** is a Latin phrase which means "totally yours," which was the motto of Pope St. John Paul II. It signifies our desire to give ourselves entirely to Jesus through 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.

**Encounter Jesus Christ**  
**Learn how to Pray**  
**Have Fun**  
**Sing Silly Songs**  
**Play Games**

**Grade School**  
**Program**  
(Entering grades 1-6):

Monday-Friday  
9:00 AM – 2:30 PM

Join us for a fun, faith filled day with games, skits, songs, sacraments, classes, lunch, and recess.  
(Bring a sack lunch.)

\$20 per child

Sessions will happen in the  
Convocation Center Main Hall

***For registration information:***  
[WWW.OLVDELHI.ORG/TOTUSTUUS](http://WWW.OLVDELHI.ORG/TOTUSTUUS)

***If interested in attending or you  
have questions:***

Jonathan Schaefer  
513-347-2071  
[jschaefer@olv.org](mailto:jschaefer@olv.org)

**Teen**  
**Program**  
(Entering grades 7-12)

Sunday-Thursday  
7:00 – 9:00 PM

Join us for a week of engaging discussions, prayer, learning, games, and witnesses on how to give yourself totally to God.

\$20 per teen

**OUR LADY OF VICTORY PARISH  
TOTUS TUUS SUMMER YOUTH CAMP: July 15-20, 2018  
REGISTRATION FORMS**

FAMILY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ UNLISTED? YES  NO

**PARENT/LEGAL GUARDIAN INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

DAYTIME PHONE#: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**VOLUNTEER OPPORTUNITIES**

Please indicate your willingness to help.

SUPPLY DINNER FOR 4 TOTUS TUUS TEAM MEMBERS

What day Sun.-Fri.? \_\_\_\_\_

PHOTOGRAPHER

What day Sun.-Fri.? \_\_\_\_\_

REGISTRATION DURING THE WEEK

What day Sun.-Fri.? \_\_\_\_\_

HELP WITH KIDS ACTIVITIES

What day Sun.-Fri.? \_\_\_\_\_

HOST 2 TOTUS TUUS TEAM MEMEBERS  
(provide housing, breakfast, and shower)

**EMERGENCY INFORMATION**

Person to contact in the event of an emergency and Parent/Guardian is unable to be reached during program.

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**FEES**

# of children \_\_\_\_ X \$20/Child = \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED \$** \_\_\_\_\_

**PLEASE FILL OUT INFORMATION BELOW FOR CHILD(REN) YOU ARE REGISTERING.**

**YOU WILL ALSO NEED TO FILL OUT A PERMISSION FORM FOR EACH CHILD.**

Name of Student	Male or Female	Grade Entering	School

**ARCHDIOCESE OF CINCINNATI  
 PERMISSION, RELEASE AND  
 AUTHORIZATION TO SEEK MEDICAL TREATMENT (rev. 09-2017)**  
 Please fill out one form per child.

1. I, the parent or lawful guardian of \_\_\_\_\_ (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form (the "Activity") and release from all liability and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, and all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the Activity and 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, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.

2. I further understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks.

3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

4. I appoint the Archbishop or his agents who are acting as leaders of the Activity to seek medical treatment of my child in the event of any injury, illness or medical emergency occurs during the activity or related travel. I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

5. I  agree  do not agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.

6. This acknowledgement and release 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 acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Witness Name (please print): \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Phone No. (cell): \_\_\_\_\_ ; (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_ ; (other Phone No.): \_\_\_\_\_

(OVER)

**Medical Information — Completed by Parent or Guardian — Please Print**

Please fill out one form per child.

Child's Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_

Member's Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

**ACTIVITY INFORMATION**

**Church Agency** Our Lady of Victory Catholic Church **Activity** TOTUS TUUS Parish Youth Mission

**Location** 810 Neeb Rd. Cincinnati, OH 45233 **Emergency No.** 513-347-2071 **Cost** \$20

**CHILDREN'S PROGRAM: For Grades 1-6 in Fall 2018**

**Starting Date/Time** Monday, July 16, 2018 at 9am

**Meeting Place** Main Hall/Convocation Center

**Ending Date/Time** Friday, July 20, 2018 at 2:30pm

**Meeting Place** Main Hall/Convocation Center

**Activities Involved** games, skits, songs, sacraments, class, lunch, & recess (Bring a sack lunch).

**Other Information** Children in Grades 1-6 should bring a sack lunch with them.

**Type of Transportation (if any)** NONE

**Group Leader** Jonathan Schaefer **Telephone No.** 513-347-2071

**TEEN PROGRAM: For Grades 7-12 in Fall 2018**

**Starting Date/Time** Sunday, July 15, 2018 at 7pm

**Meeting Place** Main Hall/Convocation Center

**Ending Date/Time** Thursday, July 19, 2018 at 9pm

**Meeting Place** Main Hall/Convocation Center

**Activities Involved** engaging discussions, prayer opportunities, learning, games, and live changing witnesses of how to give yourself totally to God.

**Type of Transportation (if any)** NONE

**Group Leader** Jonathan Schaefer **Telephone No.** 513-347-2071

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_