



# Totus Tuus 2026 @ St. Francis de Sales Church

DRE + Youth Minister: Ethan Wersland

Contact Info: 913-727-3742 | faithformation@stfrancislansing.org

### Grade School Program

for incoming 1<sup>st</sup> through 6<sup>th</sup> graders  
Monday, July 27 – Friday, July 31, 2026  
9:00 a.m. – 3:00 p.m.

### Jr. High & High School Program

for incoming 7<sup>th</sup> through 12<sup>th</sup> graders  
Sunday, July 26 – Thursday, July 30, 2026  
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 (\_\_\_\_) \_\_\_\_\_

#### MOTHER'S INFORMATION:

NAME \_\_\_\_\_

ADDRESS (if different than father's) \_\_\_\_\_

CITY & ZIP \_\_\_\_\_

MOTHER'S E-MAIL \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_

WORK PHONE (\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_

**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 '26 \_\_\_\_\_

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

Has Received First Communion: yes or no

**CHILD #2 NAME** (first & last) \_\_\_\_\_ Grade Entering in Aug '26 \_\_\_\_\_

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

Has Received First Communion: yes or no

**CHILD #3 NAME** (first & last) \_\_\_\_\_ Grade Entering in Aug '26 \_\_\_\_\_

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

Has Received First Communion: yes or no

**CHILD #4 NAME** (first & last) \_\_\_\_\_ Grade Entering in Aug '26 \_\_\_\_\_

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

Has Received First Communion: yes or no

**REGISTRATION FEE: \$50 for 1      \$90 for 2      \$120 for 3      \$140 for 4+**

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 2026
Date of Activity: Sunday, July 27 - Friday, July 31
Location of Activity: St. Francis de Sales Church in Lansing, KS

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.

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: \_\_\_\_\_

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➔ 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): \_\_\_\_\_

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**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: \_\_\_\_\_