



Totus Tuus

+JMJ+

My dear brothers and sisters in Christ,

I am pleased to announce a new program that St. Patrick will be offering for the young women of our parish. Young women from grades 3-12 are invited to join the group called Totus Tuus. Totus Tuus, which was Pope John Paul II's apostolic motto, refers to our Blessed Mother and means "totally yours," indicating that we are to go to Jesus through Mary. Developed by our summer intern, Carly O'Connor, Totus Tuus will be a formation and fellowship group that will help our young women go to Jesus through Mary.

Totus Tuus is designed to help our young women grow in virtue and holiness. Here are some of the key aspects of the program:

- Leading the Rosary monthly before Sunday Masses
- Meeting once per month for a lesson in virtue modeled by a saint and a fun activity
- Regular service opportunities
- Regular social events

Totus Tuus itself will be divided into three different age groups that will individually meet every month:

- Fides:** Latin for "faith," Fides will be for girls from the 3-5 grades (Coordinator Mandy Lechner)
- Spes:** Latin for "hope," Spes will be for girls from 6-8 grades (Coordinator Kelli Conlon)
- Caritas:** Latin for "charity," Caritas will be for our high school women (Coordinator Kate (Koors) Williams)

There will also be a \$20 yearly membership fee to cover the costs of various religious medals, cards, and fun activities.

I encourage you to seriously consider registering your daughters for this wonderful program!

In the hearts of Jesus and Mary,

Fr. Ted Dudzinski, Pastor of St. Patrick and St. Joan of Arc Churches

**Permission form for overnight
Kick-Off is on the back**

Totus Tuus - SPES "HOPE" for 6-8th grade girls Membership Registration Form

Name: _____ age: _____ grade: _____

Address: _____ Phone: _____

Parent's cell: _____

Parent's e-mail: _____

Special Needs, Allergies or special request for youth participant: _____

I hereby give my permission to St. Patrick Parish and the Diocese of Lafayette-in-Indiana to utilize the participants image, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission or reproduction, in whole or in part, of the activity.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please make CHECKS payable to: St. Patrick Catholic Church
Yearly Membership Fee is \$20 which includes supplies, level honor items and annual retreat in September.

FOR OFFICE USE ONLY:

Date: _____ Check: _____ Cash: _____ Balance Due: _____

PARENTAL FIELDTRIP / EVENT NOTIFICATION FORM MEDICAL INFORMATION RELEASE, AND LIABILITY WAIVER

We, the parent or guardian of _____ permit our son/daughter to attend

What: SPES Overnight Kick-Off

When: Saturday, September 25 to September 26. Meet at St. Patrick Bethany Center at 6:30pm and pick up after 11am Mass around 12:15-12:30pm at BC.

Where: St. Patrick Bethany Center

We, as parents/guardians of the undersigned minor(s), hereby consent and agree to hold harmless, St. Patrick Parish and /or the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with activity and our child's event arranged transportation necessary to participate in the aforementioned activity. We understand that our child may be assigned to ride with a licensed adult driver, driving a privately owned automobile, school bus, or charter bus, and that this assignment will be made by the aforementioned staff member.

The undersigned further agrees to hold harmless St. Patrick Parish and its respective members, directors, employees, and agents from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses sustained by the indemnities as the result of negligent, willful, or intentional acts of the undersigned and/or participant.

I give my permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by either a parent or adult in charge or by parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the parish member in charge or adult chaperone to secure proper treatment for my son/daughter.

I hereby give my permission to St. Patrick Parish and the Diocese of Lafayette-in-Indiana to utilize the participants image, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission or reproduction, in whole or in part, of the activity.

Parish Representative Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE PRINT LEGIBLY

Parent(s)/Guardian(s) Name: _____

Home Address: _____ City/State/Zip: _____

Phone: () _____ Cell Phone: () _____

Emergency Contact Name (Other than parent/guardian) _____

Home Phone () _____ Cell Phone: () _____

Accident/Hospitalization Policy: _____ Policy Number: _____

Current Allergies: _____

Current Medical Conditions: _____

Current Medications: _____

PERMISSION TO GIVE: Tylenol: Yes No Ibuprofen: Yes No Aspirin: Yes No

Please make CHECKS payable to: Retreat is included in SPES Annual Membership Fee of \$20
Amount Due: Membership fee of \$20, no cost for retreat
Kick-Off overnight registration forms DUE BY: September 20, 2010

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SP Volleyball Tournament Entrance Form and Dinner on Friday, September 10 from 4-8pm

PARENTAL FIELDTRIP / EVENT NOTIFICATION FORM MEDICAL INFORMATION RELEASE, AND LIABILITY WAIVER

We, the parent or guardian of _____ permit our son/daughter to attend

What: Volleyball Tournament and SP Fish Fry Dinner

When: Friday, September 10 starting at 4pm and ending at 8pm

Where: SP Volleyball Tournament at school gym. Dinner as a group in the parish hall.

If parent is not with youth during event please inform youth that they will need to be with adult chaperone at all times and that we will eat dinner as a group.

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Parent/Guardian Signature: _____ Date: _____

PLEASE PRINT LEGIBLY

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Home Address: _____ City/State/Zip: _____

Phone: () _____ Cell Phone: () _____

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Home Phone () _____ Cell Phone: () _____

Accident/Hospitalization Policy: _____ Policy Number: _____

Current Allergies: _____

Current Medical Conditions: _____

Current Medications: _____

PERMISSION TO GIVE: Tylenol: Yes No Ibuprofen: Yes No Aspirin: Yes No

Please make CHECKS payable to: St. Patrick Church
Amount Due: \$ 10.00 includes volleyball entrance fee and a ticket for Dan's Fish Fry Dinner
Registration form and fee DUE BY: September 6, 2010

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