

SERVICE PROJECTS XTREME!

Monday, June 21-Thursday, June 24, 2010

What is it?

Four days of SERVICE opportunities! We pray, look at the reasons we serve, reflect on our service and of course have plenty of game time too!

Who can participate?

Students entering grades 6-9 in September. Students in HS can serve as peer ministers.

What about Friday, June 25th?

On Friday, there will be a trip to Hershey Park! Space is limited to 55 people.

Please note: anyone who is not entering at least 6th grade MUST be accompanied by an adult.

What is the cost for SPXtreme?

\$50 for each student.

The Hershey Park trip is an additional \$55 per person.

What is the schedule?

9am - 4pm each day.

Each day's schedule is different, but each day involves a service project, lunch, and time for reflection. Some afternoons will involve more social time, other days we may serve all day. At least one day we will have an extended reflection on Catholic Social Teachings.

Do you need Volunteers?

YES! Adult volunteers are needed every day. Our experience is that the camp runs more smoothly and the campers have a more formative experience when we have more adult support. Please contact me if you can help even one day!

Sounds great! How do I sign up?

Just complete the attached registration form and return it to the parish office with your payment. Deadline to register is June 1. Space will be limited to 40 participants, so register early!

PLEASE NOTE: If you intend to register for THE HERSHEY PARK TRIP, please make sure to CHECK THE BOX ON THE PERMISSION FORM and include the extra fee!

For more info, or to volunteer, Contact: Ed Rogers (410) 427-7511 or erogers@stpious10.org



Friday, June 25
8am-8pm

- On June 25, 2010, we will take a coach bus to Hershey Park in Pennsylvania.
- Any student who is not entering at least 6th grade in September 2010 must be accompanied by a parent or other adult.
- Families are welcome to join us.
- We have a limited number of seats available on the bus, so please register early.

Cost: \$55.00 per participant. Checks should be made payable to St. Pius X Church.
Money due with permission/registration form.

Registration: Check the appropriate box on the permission form, and enclose a check

Arrive: at 8AM, pickup at 8PM, both in the SPX parking lot.

Bring:

- a lunch, or money for food
- appropriate clothes to be outside all day
- a bathing suit for the wetness
- sunscreen for the burning
- A friend for the fun

ALL STUDENTS ATTENDING WHO ARE NOT AT LEAST ENTERING GRADE 6 MUST BE ACCOMPANIED BY AN ADULT.

Questions?? Contact Ed: (410) 427-7511, erogers@stpius10.org

PERMISSION FORM AND RELEASE

Youth Name: _____ Home Phone: _____

Parent Name: _____ Cell Phone: _____

Email: _____ Alt. Phone #: _____

Address: _____ City/State/Zip _____

Date of Birth: _____ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which they will participate, I as parent/guardian of my son/daughter, do hereby agree to allow my son/daughter to attend the following event. I also agree to allow pictures and videos to be taken of my child and used in promotion of youth ministry.

Please select which or both events:

SPXTREME
June 21st-24th, 2010.

HERSHEY PARK
June 25th, 2010

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY St. Pius X parish, the Roman Catholic Bishop of Baltimore and his successors, a Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in this Pilgrimage experience.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following.)

I am covered by hospitalization and medical insurance under policy

_____ issued by _____.

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

ADD any other medical information concerning medication, allergies, illness, etc.

ADD any dietary restrictions: -

I hereby grant permission for any staff person to provide the following non-prescription drugs to my child should they request it:

Tylenol Advil Benadryl Neosporin

Date

Parent/Guardian Signature