



*Sunday, March 21st*

*MS Ministry Service Project*

**Who:** Any and all Middle school students

**Where/When:** March 21<sup>st</sup> 2010 Meet at St. Pius at 1:00PM, Serve from 2-4PM  
We will be carpooling from SPX, so we need drivers.

**Cost:** Your Time, your Love, and individually wrapped Easter candy (eg Hershey kisses, Snickers miniatures, chocolate Easter egg, etc.)

**What We Will Do:** We will be serving under the bridge on 83 downtown, then participating in the wrap up and prayer afterwards. Hand out sandwiches, Lunch, Clothing. Talk with and support homeless people by your presence.

**Sign Up:** Turn in the permission form on the reverse to Ed in the parish office or at Religious Education Classes

**Bring:** a Friend, a smile, individually wrapped Easter candies, and a willingness to serve and love!



Questions/More Info/Sign Ups/Drivers:

**Ed Rogers**

(410) 427 7511 - [erogers@stpius10.org](mailto:erogers@stpius10.org)

## PERMISSION FORM AND RELEASE

Youth Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other number where Parent can be reached: \_\_\_\_\_

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.

### **HAPPY HELPERS FOR THE HOMELESS SERVICE**

**March 21<sup>st</sup>, 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: -

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature