

# Service Projects XTREME !

**Monday, June 22-Thursday, June 25, 2009**

## What is it?

**Four days of games, crafts, learning, prayer and of course, SERVICE opportunities!**

## Who can participate?

**Students entering grades 3-5 in September come 9am-12 noon.**

**Students entering grades 6-12 in September come 9am-4pm.**

## What about Friday, June 26<sup>th</sup>?

**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 6<sup>th</sup> grade MUST be accompanied by an adult.**

## What is the cost for SPXtreme?

**\$50 for each student.**

**The Hershey Park trip is an additional \$50 per person.**

## What is the schedule?

**The schedule is not yet finalized, but it will be something like this:**

- **For the 3<sup>rd</sup>-5<sup>th</sup> Graders:**

**Each morning will begin with welcome, prayer, and an icebreaker. Following that will be a brief introduction to service and Catholic Social Teaching, a game which will tie into the introduction, an actual service project and a craft or another game.**

- **For the 6<sup>th</sup>-12<sup>th</sup> Graders:**

**They will help in the mornings and then take a lunch break (participants should bring a lunch each day). Their afternoons will consist of a service project off-campus. This group may spend one entire day off-campus for a service project.**

## Do you need Volunteers?

**YES! Adult volunteers will be needed both in the mornings and in the afternoons. (Adults who help in the afternoons should find childcare for any children not entering at least 6<sup>th</sup> grade. Anyone under 6<sup>th</sup> grade will not be permitted to participate in the activities for the 6<sup>th</sup>-12<sup>th</sup> graders – NO EXCEPTIONS).**

## Sounds great! How do I sign up?

**Just complete the attached registration form and return it to the parish office with your payment. Parents of 6<sup>th</sup>-9<sup>th</sup> grade students must complete a separate permission form for participation in the off-campus activities. Deadline to register is June 1. Space will be limited, so register early!**

**PLEASE NOTE: THERE IS A SEPARATE REGISTRATION/PERMISSION FORM ATTACHED FOR THE HERSHEY PARK TRIP!**

# Service Projects XTREME !

**Monday, June 22-Thursday, June 25, 2009**

**Open to students entering grades 3-12 in September '09.**

**Child's Name:** \_\_\_\_\_ **Grade in September:** \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_ **Grade in September:** \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_ **Grade in September:** \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_ **Grade in September:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Cost: \$50 for each student.**

\_\_\_\_\_ **Cash enclosed**      \_\_\_\_\_ **Check enclosed (payable to St. Pius X Church)**

**(PLEASE NOTE: THE TRIP TO HERSHEY PARK IS A SEPARATE EVENT WITH A SEPARATE PERMISSION FORM AND FEE OF \$50 PER PARTICIPANT)**

**Emergency Contact during SPXtreme:**  
**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Relationship to your child:** \_\_\_\_\_

**Child's Medications/Allergies:** \_\_\_\_\_  
\_\_\_\_\_

**For more information, please contact Kristin Rupprecht, 410-427-7517 or Ed Rogers, 410-427-7511.**

**Volunteers are needed! Can you help? On any of the days?**

**Yes, I can help. Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Day(s) available:**    **M**    **T**    **W**    **Th**

**(over)**

**Permission Form for Grades 6-12**

**St. Pius X Youth Ministry**

**PERMISSION FORM AND RELEASE**

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

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

Email: \_\_\_\_\_ Alternate Parent Contact #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent/guardian of my son/daughter, do hereby agree to allow my son/daughter to participate in **SPXtreme** on **June 22-25, 2009**.

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 week of service.

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

\_\_\_\_\_  
Date

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

**(over)**

# HERSHEY PARK TRIP

St. Pius X Church

## PERMISSION FORM AND RELEASE

**PLEASE NOTE: ALL STUDENTS WHO ARE NOT IN AT LEAST 6<sup>TH</sup> GRADE MUST BE ACCOMPANIED BY AN ADULT.**

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

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

Email: \_\_\_\_\_ Alternate Parent Contact #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Male Female (please circle)

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent/guardian of my son/daughter, do hereby agree to allow my son/daughter to participate in **Hershey Park Trip** on **June 26, 2009**.

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 trip.

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.

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ADD any dietary restrictions:

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Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

**-OVER-**

# HERSHEY PARK Trip

## Friday, June 26

### 8am-8pm

On June 26, 2009, we will take a coach bus to Hershey Park in Pennsylvania. Middle and High School students are welcome to attend by themselves, but any student who is not entering at least 6<sup>th</sup> grade in September 2009 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.

Participant Name: \_\_\_\_\_ Grade in September 2009: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Grade in September 2009: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Grade in September 2009: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Grade in September 2009: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

The following adult(s) will accompany my child(ren) younger than 6<sup>th</sup> grade:

Adult Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Adult Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Cost: \$50.00 per participant. Checks should be made payable to St. Pius X Church. Money due with permission and registration forms.**

Please complete the separate permission form on the other side of this page.

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