

St. Pius V Catholic Church

410 Colvill W

Cannon Falls, MN 55009

Parish Office: 507-263-2578 Email: spvcfyouth@gmail.com Web: www.stpiusvcf.org



St. Pius V Catholic Church Vacation Bible School 2017 Registration

Monday, August 7 - Thursday, August 10
from 6:00 to 8:00 PM in the lower level.

Registration fee is \$10 per child
with a \$20 family cap (includes small meal at 6pm)
For children entering **Kind-Grade 5** this fall
Grade 6-12 encouraged to be
Activity Leaders, Actors/Music and Crew Leaders

**Please complete the form (both pages), sign & return with payment to St. Pius V
by Sunday, July 30, 2017.**

Mother's Name: _____ **Home Phone #** _____

Address: _____ **Cell Phone #** _____

E-mail address _____

Father's Name: _____ **Home Phone #** _____

Address: _____ **Cell Phone #** _____

E-mail address _____

Parents: I give my permission for my child/children to take part in St. Pius V Vacation Bible School activities and photography for social media. I/we understand that this permission will cover all activities that are incorporated into and are a part of the Vacation Bible School program. In consideration of the opportunity for my child/children to participate and fully recognizing that such an undertaking may involve an element of risk, I/we assume all risks and hazards incidental to such participation and do hereby release, indemnify and agree to hold harmless the Archdiocese of St. Paul and Minneapolis, St. Pius V Catholic Church, its agents, employees and officers, and the chaperones, leaders, organizers and sponsors. Neither the Archdiocese of St. Paul and Minneapolis, St. Pius V Catholic Church nor any of said persons shall be held financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity.

- **MEDICAL INSURANCE PROVIDED BY THE PARISH OR THE ARCHDIOCESE IS LIMITED & IS IN EXCESS TO ANY OTHER VALID AND COLLECTIBLE INSURANCE.**
- **IN CASE OF INJURY OR ILLNESS YOUR OWN MEDICAL INSURANCE WOULD BE USED.**

In the event of any emergency and I cannot be contacted, I hereby authorize that emergency treatment be administered. I/we the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

SIGNATURE _____ **DATE** _____

(Parent/Guardian)

PERSON (OTHER THAN PARENT) TO CONTACT IN CASE OF EMERGENCY
In case of emergency, parents/guardians will always be contacted first so PLEASE list
an adult other than yourself that we can contact if we cannot get in touch with you.

Name _____ Phone # _____

**Please fill out the information for each child that will be attending
And return to St. Pius V no later than Sunday, July 30, 2017.**

- VBS is for children entering Kind-grade 5 in the fall of 2017

Student Name: _____ **Age:** _____

Grade this fall _____ Health/Special Concerns _____

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Grade this fall _____ Health/Special Concerns _____

Student Name: _____ **Age:** _____

Grade this fall _____ Health/Special Concerns _____

Student Name: _____ **Age:** _____

Grade this fall _____ Health/Special Concerns _____

Number of children participating: _____

Fee is \$10 per child with a \$20 cap per family. Amount Paid \$_____

(Contact the office if you have a financial hardship.)

If you need more space for registration, use another registration form and attach.

Fr. Terry Beeson
Pastor

Cindy Meyers
Faith Formation Coordinator &
Youth Minister
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spvcfyouth@gmail.com

St. Pius V Staff

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BJ Peters
Business Administrator
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