



ST. PIUS V
Engaged in our Catholic Tradition

410 Colvill St. W
 Cannon Falls, MN 55009

**St. Pius V Catholic Church
 Vacation Bible School 2021
 "Happy Campers!"
 Registration**

*Monday, June 28 - Wednesday, June 30
 from 3:30pm to 5:30pm in the lower level.*

For children entering **Kind—4th Grade** this fall
 Youth entering **Grade 5-12** are encouraged to be
 Activity Leaders, Actors/Music and Crew Leaders!



Please complete the form (both pages), sign & return to St. Pius V by Sunday, June 6, 2021

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, June 6, 2021**

- VBS is for children entering Kind through 4th grade in the fall of 2021

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: _____

No fee!

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

Fr. Terry Beeson
Pastor

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St. Pius V Staff

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