

**ST. PIUS X CHURCH**



# WORTH IT: JUNIOR HIGH MISSION TRIP 2017

**Where:** Lake Traverse Indian Reservation, South Dakota

**When:** July 9-14, 2017

**Who:** Open to current students in 5th-8th grade

**Cost:** Varies due to need and fundraising, max cost is \$550 per student.

**Deposits:** Early registration ~ \$75 is due to by January 1.

Regular registration ~ \$125 due February 5.

\*A limited number of spots are available for this trip.

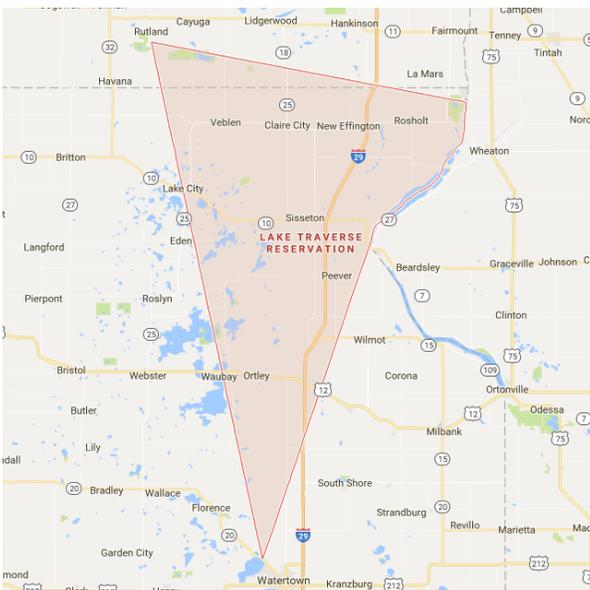
## St. Pius X Mission Trip 2017

Society tries to tell us that young people are self-absorbed, lazy, or worse, but our Church knows better. Our young people have a desire to make our world a better place and to make a lasting impact in the lives of those they encounter. They all have an God-given capacity to love and to serve others and our summer Mission Trips create an opportunity for our young Church to live this out.

This year young people and adults from St. Pius X will travel to Lake Traverse Reservation in South Dakota to work alongside community members and other young people from Christian churches across the country. We will be working with YouthWorks Mission Trips to provide an experience that includes service, fun, and retreat. Expect wide-open space, a slower pace and a relational people who have both a rich and difficult history. As we serve in these small reservation towns, we'll meet and minister to children and complete simple work projects in the community. Although close to home, we'll be the guest of a different culture, so come prepared to listen, love and learn. In the evenings we will have an opportunity to reflect on our day's work and how this work is truly our mission as disciples of Christ.



### Where we'll be serving: Lake Traverse Reservation, South Dakota



The prairies, hills and valleys of the Lake Traverse Reservation in northeastern South Dakota offer opportunities to camp, hunt and fish. Aside from being an area of great natural beauty, this is home to the people of the Sisseton-Wahpeton Sioux Oyate (the word 'oyate' is Dakota for 'family'). Sisseton is right beside the north/south continental divide and is also completely surrounded by glacial melt lakes, making it look distinct from the rest of South Dakota. There is a tower outside of town where you can see a beautiful view spanning across three states (North Dakota, South Dakota and Minnesota). Quite different from most reservation towns, the town of Sisseton is 47% white and 47.8% Native American; this fact gives Sisseton a very different feel from many of our other reservation sites, though the two racial groups remain largely separate from one another.

We will experience the small town feel of Sisseton, an aspect that makes Lake Traverse unique among our reservation communities. One of the most unique partnerships we are developing in Sisseton is with the old Middle School in the middle of town which is being converted into a community education and activity center. YouthWorks has been able to be a big part of the renovation, and are now transitioning into helping assist in the programming and services offered at the school. In addition you and your group will

be working to help facilitate kids' programming through local schools, serve with local assisted living/nursing homes where you will get to listen to some incredible stories from the residents there and help out with other work projects in the community. Throughout the week you will learn about Native culture, visit Fort Sisseton to learn about the history of military presence in the area and the ways westward expansion changed the local demographics, and join the community for a cookout.

### How we'll be serving:

- Serve through painting, cleaning, yard work or other simple work projects.
- Plan and lead kids programming for children in the community, including Bible lessons, games, crafts and reading.
- Students will have the opportunity to participate with each of the above service sites during the week.



## Cost and Fundraising

The maximum cost of the Mission Trip experience for all youth participants is \$550 (or \$500 if received registered before January 1st) which covers the cost of transportation, lodging, most meals, camp fees, our free day activities, and the cost of our adult leaders. We understand that this may be a hardship for many young people and their families which is why we provide a number of opportunities for you to reduce this cost significantly. (In the past many of our participants have covered the entire cost of their trip, less the deposit, by participating in fundraising efforts.)

- St. Pius X Parish Grant ~ Our mission trip is not intended to be simply a one week summer experience. Our summer trips are meant to be a way for young people to continue to serve on a great level in our world in addition to your current faith journey. Because of this, our parish offers a \$200 grant to each student who is an active member in our youth group or one of our parish ministries. Please fill out the grant application on your registration form to apply for this grant. If you are not a member of St. Pius X parish, we encourage you to seek grant money from your home parish to see if they would be willing to sponsor you in this same way.
- Trivia Night ~ On Friday, January 13th, St. Pius X sponsors Trivia Night as a fundraiser for all summer youth trips. All students who participate as volunteers for this evening or sell tickets for this event will split the profits from the event. Sign up sheets for this event will be in the entrances of the church until the event takes place.
- Invest Youth ~ In the spring, we hold our Invest Youth Campaign. This is by far our largest fundraiser for our summer trips. During March and April, youth who participate in this campaign either as a speaker at Masses or by sitting at tables after Masses will receive money raised. This campaign's purpose is ask for a monetary investment from our parishioners and/or family and friends. By investing in our young people and the experiences they have during the summer, the parishioners are investing in the future of St. Pius X. Last year, nearly the entire cost of all of our summer trips were paid for by the generosity of our parishioners, family and friends during this campaign.
- Other fundraising efforts throughout the year as planned and coordinated by youth and adult participants
- Adult/Parents Fundraising ~ We encourage both our adult chaperones and parents of youth participants to assist with fundraising efforts as well. You will receive credit for your youth participants when you help with fundraising efforts along with your youth.

## Registration

Youth Participants—To reserve your spot for the summer mission trip a deposit of \$75 (non-refundable) is due by February 5th (\$125 discount if registered by January 1) along with your contact information sheet. The balance of your trip will be due after all of our fundraising efforts are complete, by June 1st.

Adult Chaperones—No deposit is required for your participation, but we do ask that you participate in pre-trip meetings and fundraising efforts as much as possible to get to know the youth participants before we leave for our trip. Please return a contact information sheet before February 5th. In March you will be asked to fill out the remainder of your registration online through the Group Mission Trip website. The diocese also requires that all adult volunteers complete VIRTUS training (a one evening training for working with youth and vulnerable adults), have a background check if you have not already done so in the past 5 years, and take a 20 minute online course about defensive driving.

# St. Pius X Summer Mission Trip

## Parental/Guardian Consent/Liability Waiver

**Name of Event:** Jr. High Mission Trip      **Method of Transportation:** Carpool  
**Dates & Times:** July 9-14      **Leader/Supervisor:** Katie Stinson  
**Destination:** Lake Traverse Reservation, South Dakota  
**Cost + Due Date:** Deposit of \$75 by Jan 1 or \$125 by February 5, final payment due June 1.

I, \_\_\_\_\_, grant permission for \_\_\_\_\_ to participate in this parish event which requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Pius X Catholic Church.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Pius X Catholic Church, its officers, directors, employees and agents, and the Diocese of Winona, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Winona, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

### Student Information:

**Name** \_\_\_\_\_

**Mobile Number (optional)** \_\_\_\_\_

**Email (optional)** \_\_\_\_\_

**T-Shirt** xs s m l xl xxl

**Sex** Male/Female

**Text?**  Yes  No

For event specific updates

### Parent/Guardian Information:

**Name** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

**Primary E-mail (optional)** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Text?**  Yes  No

For event specific updates

### Emergency Contact Information: (in case we cannot contact you)

**Name** \_\_\_\_\_

**Primary #** \_\_\_\_\_ **Secondary #** \_\_\_\_\_

### Emergency Medical Information:

\_\_\_ I have filled out and turned in an Emergency Medical Form, no changes/updates are necessary

\_\_\_ I need to make changes to my previously turned in Emergency Medical Form

\_\_\_ I need to turn in an Emergency Medical Form (*download at [www.paxchristchurch.org/forms](http://www.paxchristchurch.org/forms)*)

**As a parent/guardian I agree to all the above stated considerations and conditions.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Event:** Jr. High Mission Trip      **Method of Transportation:** Carpool  
**Dates & Times:** July 9-14      **Leader/Supervisor:** Katie Stinson  
**Destination:** Lake Traverse Reservation, South Dakota  
**Cost + Due Date:** Deposit of \$75 by Jan 1 or \$125 by February 5, final payment due June 1.

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend St. Pius X Catholic Church, the Diocese of Winona, its officers, directors, agents, employees, or representatives from any and all liability for illness, injury or death arising from or in connection with my participation in the trip.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered.

Please advise the doctors that I have the following allergies:

---

**Adult Participant Information:**

**T-Shirt** xs s m l xl xxl

**Name** \_\_\_\_\_ **Sex** Male/Female  
**Mobile #** \_\_\_\_\_ **Text?** Yes No  
**Email** \_\_\_\_\_

**Health Insurance Information:**

**Carrier** \_\_\_\_\_  
**ID Number** \_\_\_\_\_  
**Policy Number** \_\_\_\_\_

**Emergency Contact Information:**

In case of an emergency, and for permission for treatment beyond emergency procedures, contact:

**Name** \_\_\_\_\_  
**Relationship** \_\_\_\_\_  
**Primary #** \_\_\_\_\_ **Secondary #** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

VIRTUS COMPLETED: \_\_\_\_\_

DEFENSIVE DRIVING COMPLETED: \_\_\_\_\_

BACKGROUND CHECK: \_\_\_\_\_

**St. Pius X Catholic Church Youth Ministry**  
**Emergency Medical Form (Student/Adult)**  
*To be filled out yearly, and/or when changes occur*

**Student/Adult Information :**

Name \_\_\_\_\_ Sex M/F

Mobile Number \_\_\_\_\_ Text? Yes No

Address \_\_\_\_\_

Email (optional) \_\_\_\_\_

Projected Graduation Year \_\_\_\_\_ Birthdate \_\_\_\_\_

**Parent/Guardian Information : (if applicable)**

**Parent/Guardian #1**

Name \_\_\_\_\_ Relationship \_

Contact Number \_\_\_\_\_ Text? Yes No

Primary Email \_\_\_\_\_

**Parent/Guardian #2: (optional)**

Name \_\_\_\_\_ Relationship \_

Contact Number \_\_\_\_\_ Text? Yes No

Primary Email \_\_\_\_\_

**Emergency Contact Information :**

Name \_\_\_\_\_

Primary # \_\_\_\_\_ Secondary # \_\_\_\_\_

**Medical Insurance Information : (optional)**

Family Health Plan Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Family Doctor \_\_\_\_\_

Clinic \_\_\_\_\_

Phone Number \_\_\_\_\_

**Medical Matters & Medication Information :**

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters please check only those that are applicable...

- In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at my given numbers, contact my child’s listed emergency contact.
- In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Winona, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.
- No medication of any type, whether prescription or nonprescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.
- I hereby grant permission for nonprescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child if deemed appropriate.

**Medication Information : (optional)**

Medication(s) my child is currently taking:

\_\_\_\_\_

My child will bring all such medications necessary, and such medications will be well labeled. Concise directions for seeing that my child takes the above named medications, including dosage and frequency of dosage is as follows:

\_\_\_\_\_

**Specific Medical Information :**

- Allergic reactions?
- Physical limitations?
- Medically prescribed diet?
- Subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?
- Date of most recent tetanus/diphtheria immunization \_\_\_\_\_
- Other \_\_\_\_\_
- Has been recently exposed to contagious disease or conditions, such as: mumps; measles; chickenpox; etc... if so list date and disease/condition below.

Notes about anything above and/or anything else of which you would like us to be aware:

\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature (if subject is age 18+)** \_\_\_\_\_ **Date** \_\_\_\_\_

*This form is to be filled out/updated once a year and/or when any changes to the above information take place. St. Pius X Catholic Church will take reasonable care to see that the information above will be held in confidence. Attach a copy of your medical insurance card in case of emergency (optional).*

## Parish Grant Application

*Please turn in to the youth ministry office by May 15th.*

Participant Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_

*Please list any ministries or events that you have participated in at St. Pius X parish in the past year.*

*What do you hope to gain from your experience participating in this summer mission trip?*

*How do you think that participating in a summer mission trip fits with the mission of the Catholic Church?*