

SUMMER STRETCH 2017

Registration, Permission, Liability Waiver

Participant's Name _____

Preferred Name _____

Address _____ Age _____ OPEN FOR GRADES 6-8 (in the Fall) _____

City _____ State _____ Zip _____

Parent(s)/Guardian(s) Name(s) _____

Phone Numbers:

Mom (home) _____ Dad (home) _____

(cell) _____ (cell) _____

Regularly checked email address _____

**All information will be emailed to families*

St. John Neumann member: Yes _____ No _____ (this information is used only for program demographics)

T-Shirt Size (circle one) S M L XL XXL XXXL (these are adult sizes)

For Parent(s)/Guardian(s): I give my permission for this child _____ to participate in Summer Stretch on the specific dates and times. I warrant that this child is in good health. In consideration of this child's participation, I agree to indemnify the Church of St. John Neumann ("SJN") and the Archdiocese of St. Paul and Minneapolis from any claims or law suits brought against the Church of St. John Neumann and the Archdiocese of St. Paul and Minneapolis by myself, this child, or others, that arises out of any behavior by this child at the above named activity. I also agree to pay reasonable attorney's fees or expenses incurred by the Church of St. John Neumann and the Archdiocese of St. Paul and Minneapolis in defense of such a claim or law suit. I understand that all applicable SJN Youth Ministry Policies and Procedures will be followed by staff and ministry leaders.

If, in the event I do not wish this child's picture used in electronic or printed communication (bulletin board, newsletter, website, etc.), I will make this known in writing. No identifying information is ever included with pictures.

In the event of medical emergency and I cannot be contacted, I authorize that emergency treatment be administered. I authorize that the use of pain-relievers may be used according to package directions in non-emergency situations, as assessed and monitored by adult event leader(s).

I, the undersigned, having read this release, understand and sign this authorization and waiver form voluntarily.

sig Signature (parent/guardian) _____ Date _____

If parent/guardian cannot be reached in case of an emergency, injury, or illness, contact:

Name _____ Phone _____

Doctor's name _____ Phone _____

Address _____

Insurance Provider _____ Policy Number _____

I have read and agree with the Code of Conduct (available at www.sjn.org - See Faith Formation – Summer 2017 Programming or by contacting Tammy Baker, Mary Rousseau, or Pat Howard):

sig Signature Youth _____ Date _____

sig Signature (Parent/Guardian) _____



The Archdiocese of St. Paul and Minneapolis does not allow minors to self-administer medications, whether prescription or over-the-counter. All medications must be handed in to and distributed by an Adult Event Leader.

Please note below the medicine(s) and dosing schedule required for your child for **all medications to be given during the Summer Stretch day**, including over-the-counter medications. Add'l paper as needed.

Medicine	Reason	Dosage	Time(s) Needed

Please share any helpful insights regarding your child as our leaders strive to provide the most successful Summer Stretch experience possible.

Please note if your child has allergies (food, environmental, etc.):

IMPORTANT PAYMENT INFORMATION

Please indicate which payment package suits your family's needs so that we can arrange for adequate bus transportation. The buses and transportation continue to be our biggest expense for this program. An accurate count of participants will help us to better manage these transportation costs.

3 Day	4 Day	5 Day	6 Day
\$105.00	\$130.00	\$155.00	\$180.00

Please mark (X) the date(s) your child WILL BE attending:

June 29 ____ July 6 ____ July 13 ____ July 20 ____ July 27 ____ August 3 ____ **

** August 3: 8:30am - 6:00pm

PARENT CHAPERONE SIGN-UP

Parents, please indicate the dates that you **may** be able to help with Summer Stretch. This is not a final commitment to the dates, but it will help us to determine our need for chaperones for the summer.

Please remember that *all* parents volunteering with Summer Stretch must have completed the Essential3 requirements through the Archdiocese. If you have not yet completed this, plan to do so; see the VIRTUS website (https://www.VIRTUSonline.org/VIRTUS/reg_list.cfm) for dates and times – select “St. Paul and Minneapolis” and then select a session that works for you. Notify Kayla Rooney when you have A) *registered for* and B) *completed* your VIRTUS session. (*You must be in compliance with Essential3 requirements which must be renewed every three years.*)

I AM able to help on:

- June 29: AM ____ PM ____
- July 6: AM ____ PM ____
- July 13: AM ____ PM ____
- July 20: AM ____ PM ____
- July 27: All Day ____
- August 3: All Day ____

