

Summer Stretch Sr. High Leader Application



A special opportunity for young adults completing grades 10-12.

WHO: You and your friends who are completing Gr. 10-12

WHAT: A worship gathering and service projects in the morning, and a fun community event in the afternoon!

WHEN: Wednesdays, 8:30am - 4:30pm, June 15-July 13, 2011

WHERE: We will be meeting at First United Methodist Church, Stillwater, and will be off site for most the day!

WHY: Lead a small group, use your gifts and talents, and make a difference in our community with Jr. High students!

TOTAL COST: \$65 (Fee includes transportation and all activities and supplies, but you will need to bring a bag lunch each day.)

SIGN UP TODAY!: Complete the registration form and return it with the fee (payable to SCVYMA) to the office at the church you would like to participate with. Scholarships are available upon request. Don't delay, sign-up today!



Name _____ Grade: 10 11 12 Phone # _____

Address _____ Adult T-Shirt Size _____

Parent's Names _____

E-mail Address _____

Office Use Only:

Date _____ Amount _____

Check # _____ Cash _____

I know, for sure, I cannot attend Summer Stretch on the following days:

June 15 June 22 June 29 July 6 July 13 (Valleyfair Day – 8:30am-7pm)

Please answer the following questions:

1. What motivates you to work with Jr. High students?

2. What kind of leadership qualities do you see in yourself?

3. Why do you feel it is important to do service projects?

Don't forget the other page... →



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4. Finally, please have your parents complete the following release form.

SUMMER STRETCH CONSENT/MEDICAL RELEASE FORM

- I am the parent/legal guardian of the participant, and hereby grant my permission for him/her to participate fully in all activities of the Summer Stretch program with the St. Croix Valley Youth Ministry Association (SCVYMA), from June 15 through July 13, 2011.
- In the event of an emergency, and I cannot be reached, I give permission for the supervising staff or the available adult leader to sign forms that would ensure the NECESSARY and IMMEDIATE treatment of the participant. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in this regard from liability as long as there is no gross negligence. *(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Sign and date it.)*
- Further, I understand that the child-participant cannot use alcohol, tobacco, drugs or firearms and if these rules are broken, I hereby assume transportation costs immediately returning the student home.

Parent/Guardian Signature _____ Date _____

Name & Phone Number of *another* person to contact in an emergency:

Name _____ Phone # _____

Family Physician _____ Phone # _____

Family Insurance Company _____ Policy # _____

Allergies, physical limitations, pre-existing conditions, medications currently used, other comments:

***Some of our Sr. High Leadership positions include those which the student would be allowed to drive his/her own vehicle around the Stillwater Area (photography team, supply team, etc.). Please check here if you will NOT allow your student to drive his/her vehicle and/or ride with another Sr. High student for this opportunity*

I will **NOT** allow my student to drive/ride with another high school student during the morning service events for a student leadership position.