



Summer Stretch Registration Form

A special summer program for youth completing grades 6 - 9.

What: Join us for this special summer program just for Jr. High youth. We'll get together each Wednesday from 8:30am to 4:30pm for a fun day of challenging and rewarding experiences. We'll spend the morning doing service projects, have lunch together, and spend the afternoon at places like water parks, beaches, sporting events, and other exciting destinations.

Why: It's going to be a great way to meet people, have fun, and do something important. Don't forget to invite your friends to register also!

Who: You and your friends who are completing Gr. 6-9

When: Wednesdays, 8:30am - 4:30pm, June 23-July 21

Meet At: Trinity Lutheran Church, Stillwater

Total Cost: \$90 before May 5, \$120 after May 5 (Fee includes transportation and all activities and supplies, but you will need to bring a bag lunch each day.)

How: 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 _____ Current Grade: 6 7 8 9 Phone # _____

Address _____ Adult T-Shirt Size _____

Parent's E-mail Address _____

Parent's Name(s) _____

Office Use Only:

Date _____ Amount _____

Check # _____ Cash _____

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

- June 23 June 30 July 7 July 14 July 21 (Valleyfair Day – 8:30am-7pm)

I would like to participate in the youth group from:

- | | | |
|---|--|---|
| <input type="checkbox"/> Bethlehem Lutheran | <input type="checkbox"/> Christ Lutheran (Lake Elmo) | <input type="checkbox"/> Christ Lutheran (Marine) |
| <input type="checkbox"/> Our Savior's Lutheran | <input type="checkbox"/> Trinity Lutheran | <input type="checkbox"/> Risen Christ |
| <input type="checkbox"/> First United Methodist | <input type="checkbox"/> Ascension Episcopal | |

FOR PARENTS ONLY:

Note: Each participating church has different policies for volunteers and may require their volunteers to fill out a background check form. If needed, the form will be attached to this registration and must be returned with your child's registration.

- I am willing to drive and chaperone a small group for the service project on these days (8:30 am - Noon):
 June 23 June 30 July 7 July 14

How many people (in addition to yourself) can fit in your vehicle?

- I am willing to help chaperone the large group at the afternoon activity on these days (Noon – 4:30 pm):
 June 23 June 30 July 7 July 14

- I am willing to help chaperone the large group at Valleyfair on July 21 (time commitment is 8:30am – 7 pm)

- Please call me if you need help with: _____

- Sorry, I am unable to help with Summer Stretch.

Don't forget the other page... →

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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 the activities of the Summer Stretch program with the St. Croix Valley Youth Ministry Association (SCVYMA), from June 23 through July 21, 2010.
- 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:

Can we use photos of your child in our church publicity? (please circle one) Yes or No