

SUMMER STRETCH
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Participant Name _____

Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business/Cell Phone _____

Date of Events: 7/18, 7/25, 8/1, 8/8 2018

Destination: VARIOUS SITES

Individuals in Charge: Jennifer Schneider & Mariah Smith

Estimated Time of Departure: 8:00 am Return: 5:00 pm

Mode of Transportation To & From Event: BUS

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the St. Elizabeth Ann Seton, St. John the Baptist, St. Joseph and all other parishes and the Archdiocese of St. Paul & Minneapolis, Our Saviour's Evangelical Lutheran and St. Philip's Lutheran from any claims or law suits brought against St. Elizabeth Ann Seton/St. John/St. Joseph/Archdiocese of St. Paul & Minneapolis/Our Saviour's Evangelical Lutheran/St. Philip's Lutheran by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact _____
Name Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies (food or other) _____

Other Concerns (special needs, ADD, etc.) _____

Family Health Plan carrier number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature Date



Summer Stretch Registration Form

Name _____ 2017-18 Grade (circle) 5 6 7 8

Parents E-mail (for updates/reminders during Summer Stretch) _____

T-shirt Size: (circle one) S M L XL XXL (adult sizes)

Church I am registering with: (circle one) Our Saviour's SEAS St. John the Baptist St. Joseph

St. Philip's Resurrection Methodist Other _____

Summer Stretch fee is \$125

I plan to attend Summer Stretch on these days: (circle)

7/18 7/25 8/1 8/8(Valleyfair)

I would like to be placed in a small group with (we will do our best to accommodate requests):

Friend #1 _____ Friend #2 _____

Parents:

We require parents to volunteer for at least one day of Summer Stretch
Please indicate which day(s) you are able to chaperone:

7/18 7/25 8/1 8/8(Valleyfair)

Note: We require all volunteers to complete a background check, Virtus-safe environment awareness training, and sign a Code of Conduct. Information will be sent upon receipt of registration.

Contact: Jennifer Schneider 651-437-4254 x246 jschneider@seasparish.org
Mariah Smith 651-437-4254 x237 msmith@seasparish.org

Registration/Consent forms and payment are due June 15, 2018

(make checks payable to St. Elizabeth Ann Seton)

PHOTO RELEASE: I authorize that my son/daughter may have his/her picture taken at ministry events for potential use in promotional material. I understand these photos may be put on the internet or appear in printed materials. Initials: _____ Comment _____

(over)