

**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: 6/14, 6/21, 6/28, 7/12, 7/19, 7/26 2017

Destination: VARIOUS SITES

Individuals in Charge: Jennifer Schneider, Mariah Smith, Stephanie Becken, Brandy Wentzler, Claire Kranz, Jim Verbout & Cody Klaus

Estimated Time of Departure: 8:45 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, Our Saviour's Evangelical Lutheran, St. Philips and all other parishes and the Archdiocese of St. Paul & Minneapolis Lutheran from any claims or law suits brought against the 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 Peer Leader Registration Form

Name \_\_\_\_\_ 2016-17 Grade (circle) 9 10 11 12

Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

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 \$100**(Peer Leaders must commit to being at 4 Summer Stretch days)

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

6/14 6/21 6/28 7/12 7/19 7/26(Valleyfair)

Contact: Jennifer Schneider  
Mariah Smith  
Brandy Wentzler  
Stephanie Becken  
Claire Kranz  
Cody Klaus  
Jim Verbout

651-437-4254 x246 jschneider@seasparish.org  
651-437-4254 x237 msmith@seasparish.org  
507-429-6434 brandywent@gmail.com  
651-437-6541 stephanieb@splchastings.org  
651-280-0204 clkranz@embarqmail.com  
651-269-6821 cody@hastingsumc.org  
651-263-6129 jim.verbout@osel.org

**Registration/Consent forms and payment are due May 31, 2017**

(make checks payable to St. Elizabeth Ann Seton)

(over)