

# SUMMER



2017

## STRETCH

### A Junior High Service and Fellowship Program

#### WHEN DOES IT HAPPEN?

Wednesdays from 8:30 AM - 4:45 PM for five weeks on the following days: June 14, 21 & 28, July 12 and 26 (Valley Fair Day is from 8:30 AM to 7:00 PM).

#### WHO CAN PARTICIPATE?

Any student going into 7<sup>th</sup>-9<sup>th</sup> grade. We also need a few qualified high school leaders who must complete a training session on Wednesday June 7, from 6:00-7:15 PM. Contact Paul if you want to be a high school leader (see below).

#### WHAT HAPPENS?

Youth are bused to service sites in small groups with two adults and do a morning service project and return to the church for a noon sack lunch. Then, the whole group goes out for an afternoon recreational event. Students learn about serving in the spirit of Jesus' love, and build community with each other. Serve at the GA community garden, Hallie Q. Brown Center, Union Gospel Mission, Little Sisters of the Poor, Cerenity Care, Feed My Starving Children, St. Paul Parks, and Our Lady of Peace Home. **Recreational activities** include Valleyfair, Grand Slam, Base Camp rock climbing, Bunker Beach, and Cascade Bay waterpark.

#### WHAT'S THE COST?

The fee is \$130 per junior high youth participant and \$65 for high school youth leaders. This covers bus transportation, recreational activities, and a T-shirt.

#### WHAT TO BRING EACH WEEK?

Sack lunch/beverage for lunch. Usually, snacks are available to purchase at the afternoon event. Students should wear closed-toed shoes every week and bring swim suits, towels, and sun tan lotion for the afternoons we go to waterparks.

#### FOR ADULTS:

Each family must supply an adult 21 years or older to help **one full day or two mornings (8:30 AM to noon)**. See adult information on page two for more details.

**How do I register?** Forms are attached on here or online at **www.guardian-angels.org**. Please return them by April 30 with a \$130 check made out to "Guardian Angels" in an envelope marked "Attn: Paul Deziel."

Space is limited, after April 30 the cost is \$150 if space is still available.

**When will I know final details?** There will be a required parent information session on **Sunday, May 14 from 10:15 to 10:45 AM** in the Youth Center downstairs.

**Questions?** Contact Paul Deziel by email at [pdeziel@guardian-angels.org](mailto:pdeziel@guardian-angels.org) or call 651-789-3173



# GUARDIAN ANGELS SUMMER STRETCH REGISTRATION---2017

Student name \_\_\_\_\_ Grade entering Fall '17 \_\_\_\_\_ T-shirt Size \_\_\_\_\_ (adult sizes)

School 17-18 \_\_\_\_\_ Student e-mail address \_\_\_\_\_

Mom name & E-mail \_\_\_\_\_

Dad name & E-mail \_\_\_\_\_

Home Address \_\_\_\_\_ Home phone \_\_\_\_\_

Mom Cell # \_\_\_\_\_ Mom phone daytime \_\_\_\_\_

Dad Cell # \_\_\_\_\_ Dad phone daytime \_\_\_\_\_

Non-parent emergency contact & phone number \_\_\_\_\_

Please list one or two students they would like in their small group. We will do our best to accommodate requests.

## ADULT VOLUNTEER INFORMATION

In order to run Summer Stretch we require each family supply one adult volunteer (age 21 or older) for either **one full day or two morning sessions**. In order to protect our youth, all adult volunteers must complete both a background check as well as **VIRTUS** training required by the Archdiocese (this only must be completed once in a lifetime). Background check forms will be available at our **Parent Meeting at 10:15 AM on Sunday, May 14th**. Paul will offer a VIRTUS training session at Guardian Angels on **Saturday June 10, from 9 AM to noon**. To register for this VIRTUS session or another session of your choice go to **www.virtus.org**.

Indicate the name and date the adult can help with Summer Stretch **service in the morning 8:30 AM to 12:00 PM**, by listing your 1st and 2nd choices on the lines below. You will be informed of your date to chaperone at the parent meeting at 10:15 AM on May 15th.

Name \_\_\_\_\_

\_\_\_\_ June 14 (need 10)

\_\_\_\_ July 12 (need 10)

\_\_\_\_ June 21 (need 4)

\_\_\_\_ July 26 (need 11)

\_\_\_\_ June 28 (need 10)

Indicate the name and date the adult can help with a Summer Stretch **recreational activity in the afternoon**, by listing your 1st and 2nd choices on the lines below.

Name \_\_\_\_\_

\_\_\_\_ June 14 (need 3)

\_\_\_\_ July 12 (need 3)

\_\_\_\_ June 21 (need 3)

\_\_\_\_ July 26 (need 4 til 7 PM-Valleyfair)

\_\_\_\_ June 28 (need 4)

# GUARDIAN ANGELS PERMISSION FORM AND MEDICAL RELEASE

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in 2017/18 \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DATE/TYPE OF EVENT: Summer Stretch, June 14, June 21, June 28, July 12 and July 26, 2017.

DESTINATION: **Various service sites & Base Camp, Grand Slam, Cascade Bay, Bunker Beach, Valleyfair**

INDIVIDUAL(S) IN CHARGE: Paul Deziel. Contact pdeziel@guardian-angels.org or 789-3173

ESTIMATED TIMES: 8:30 AM arrive, depart at 9:00 AM, return by 4:45 PM (7:00 PM on July 20)

MODE OF TRANSPORTATION: **Bus**

PARTICIPANT COST: **\$130 for junior high participants, \$65 for senior high leaders.**

I, \_\_\_\_\_ grant permission for \_\_\_\_\_  
(Parent or guardian's name) (Child's 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 Guardian Angels and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against Guardian Angels Archdiocese of St. Paul/Minneapolis 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 Guardian Angels and Archdiocese in defense of such a claim/law suit.

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

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

## MEDICAL INFORMATION:

Medication my child is taking at present: \_\_\_\_\_

Family Health Plan carrier name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

As parent or guardian, I agree to all of the above stated considerations and conditions.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)