

# SUMMER STRETCH



2019

## A Junior High Service and Fellowship Program

### WHEN DOES IT HAPPEN?

Wednesdays from 8:30 a.m. - 4:45 p.m. for four weeks on the following days: June 12, 19 & 26 and July 10 (Valley Fair Day is from 8:30 a.m. to 7:00 p.m.)

### 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 5, from 6:00-7:15 p.m. 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 Food Shelf garden, Hallie Q. Brown Center, Union Gospel Mission, Merrick Food Shelf, Cerenity Care, St. Paul Parks, Our Lady of Peace Home, Wilder Center for the Aging and Feed My Starving Children. **Recreational activities** inc. Valleyfair, Grand Slam, St. Paul Saints game and Cascade Bay waterpark.

### WHAT'S THE COST?

The fee is \$115 per junior high youth participant and \$55 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 a.m. to noon)**. See adult information on page two for more details.

**How do I register?** Forms are attached here or online at [www.guardian-angels.org](http://www.guardian-angels.org). Please return them by April 30 with a **\$115** check made out to "Guardian Angels" in an envelope marked "Attn: Paul Deziel."

Space is limited, after April 30 the cost is \$130 if space is still available.

**When will I know final details?** There will be a required parent information session on **Sunday, May 19 from 10:15 to 10:45 a.m.** 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  
CATHOLIC CHURCH

*Living Water for Your Journey*

# GUARDIAN ANGELS SUMMER STRETCH REGISTRATION---2019

Student name \_\_\_\_\_ Grade entering Fall '19 \_\_\_\_\_ T-shirt Size \_\_\_\_\_ (adult sizes)

School 19-20 \_\_\_\_\_ 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 a.m. on Sunday, May 19**. Paul will offer a VIRTUS training session at Guardian Angels on **Saturday June 8, from 9 a.m. 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 p.m.**, 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 a.m. on May 19.

Name \_\_\_\_\_

\_\_\_\_\_ June 12 (need 10)

\_\_\_\_\_ June 26 (need 10)

\_\_\_\_\_ June 19 (need 4)

\_\_\_\_\_ July 10 (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 12 (need 3)

\_\_\_\_\_ June 26 (need 4)

\_\_\_\_\_ June 19 (need 3)

\_\_\_\_\_ July 10 (need 4 until 7 p.m. - Valleyfair)

# GUARDIAN ANGELS PERMISSION FORM AND MEDICAL RELEASE

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

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in 2019/20 \_\_\_\_\_

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

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

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

DATE/TYPE OF EVENT: Summer Stretch, June 12, June 19, June 26, and July 10, 2018.

DESTINATION: **Various service sites & St. Paul Saints, Grand Slam, Cascade Bay, Valleyfair**

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

ESTIMATED TIMES: 8:30 a.m. arrive, depart at 9:00 a.m., return by 4:45 p.m. (7:00 p.m. on July 10)

MODE OF TRANSPORTATION: **Bus**

PARTICIPANT COST: **\$115 for junior high participants, \$55 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)