



# Church of Saint Rita **RANDOM STRETCH**

Tuesday, March 27, 2018  
9 AM – 3:30PM



**Type of Event:** Service and Fun Day (bring a bag Lunch)  
**Date:** Tuesday, March 27, 2018 - 9AM – 3:30 PM **Cost:** \$20.00  
**Destination:** Feed My Starving Children Warehouse; Eagan, MN  
**Mode of Transportation:** Bus and/or parent drivers  
**Group Leader:** Amy Schroeder **Phone:** 651-459-4596

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

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

City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ M / F Grade: \_\_\_\_\_

Parent/ Guardian #1: \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Phone# \_\_\_\_\_

**FORMS DUE  
THURSDAY,  
March 22**

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
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 above stated Churches from any claims or lawsuits brought against them by myself, my child or others, that arises out of any behavior by my child at the event described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/church in defense of such a claim/lawsuit.

**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, contact

\_\_\_\_\_ phone \_\_\_\_\_

**Optional Medical Information**

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

Family Health Plan carrier number: \_\_\_\_\_

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

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

# FEED MY STARVING CHILDREN & GRAND SLAM FUN PARK

Forms Due: Thursday, March 22nd

PLEASE BRING A BAG LUNCH!!!

## CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing

In this event sponsored by: The Church of Saint Rita on Tuesday, March 27, 2018

*Please read and sign.*

I, \_\_\_\_\_, WILL:

Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, **Church of Saint Rita** can send the participant home at the participant/guardian's expense.

\_\_\_\_\_  
Youth Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*The Parish/School sponsoring this activity is responsible for receiving an*

**Parents, we need adult leaders for our day – please join us if you're able.**

\_\_\_\_ Yes \_\_\_\_ No Name \_\_\_\_\_ Phone \_\_\_\_\_