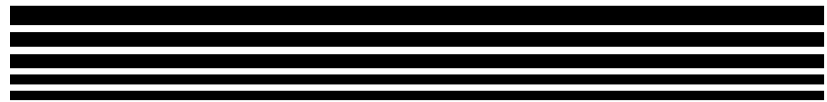




Summer Stretch



Church of St Rita

2019

6th-9th graders: Looking for an exciting way to spend your summer? In the morning you could be making meals, serving in the community, or working with the elderly. The afternoon will bring waterslides, laser tag, bowling and more fun. All this capped off with a trip to Valley Fair to wrap up our summer!

Our group meets from 9AM – 4 PM each Tuesday. Tues, Aug 6, we will be going to Valleyfair and will stay later. We **NEED** parent participation to make Summer Stretch a success.

Please return form to Parish with \$150 payment by May 23rd. (after May 23rd cost is \$190)

NAME

PARENT NAME

E-MAIL ADDRESS

*More information will come in late May.

PLEASE CIRCLE T-SHIRT SIZE:
(adult sizes)

SMALL MEDIUM LARGE XL XXL

***Parents: Please sign up to chaperone at least one date, CIRCLE parent availability in box.**

Mark dates youth WILL attend:

0 Tues. June 18th

0 Tues. June 25th

0 Tues. July 2nd

0 Tues. July 9th

0 Tues. July 23rd

0 Tues. July 30th

0 Tues, Aug 6th

-VALLEY FAIR!

Summer Stretch 2018

For info call Amy at 651-459-4596

or aschroeder@saintritas.org

**Church of Saint Rita 8694 80th St S
Cottage Grove, MN 55016**

**Parent/Guardian
Consent & Indemnity
Agreement**

Type of Event: Summer Stretch; 9:00 AM – 4:00 PM

Dates: 6/18, 6/25, 7/2, 7/9, 7/23, 7/30, 8/6 2019

Destination: Service Site & Afternoon Activity (info on Activity Schedule)

Mode of Transportation: School Bus

Group Leader: Amy Schroeder **Phone:** 651-459-4596

Participant's Name: _____

Home Address: _____

City: _____ State/Zip _____

Date of Birth: ____/____/____ M / F Entering Grade _____

Parent/ Guardian Name: _____ Phone# _____ Cell _____

Parent/ Guardian Name: _____ Phone# _____ Cell _____

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: _____

Allergies my Child has: _____

Family Health Plan carrier number: _____

Family Doctor: _____ Phone: _____

Photo/Image Video Release

Use of Image: I grant permission to the Church of St Rita & Woodbury Life Resource Center to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, or for any other lawful purpose whatsoever, including photographic portraits, picture, reproductions, made through any medium, including electronic media and the undersigned parent/guardian does hereby release the Church of St Rita and WLRC with such use. This authorization and consent permits such use to associate my child's name with the likeness for such purposes provided such use and is consistent with the acceptable use policy for electronic communications and other policies.

I authorize staff and leaders of the Church of St Rita and Amy Schroeder to communicate with my child electronically, including via social media in accordance with the Acceptable Use Policy for Electronic Communication.

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

Signature _____

Date _____