

# SUMMER STRETCH 2010



## Middle School Summer Ministry

(grades 6-8 in the fall of 2010)

Q: What is Summer Stretch?

A: Summer Stretch is a program that was developed by local youth ministers from various Christian denominations to allow youth in church communities to stay connected to their parish in the summer through volunteering experiences, faith formation, and fun activities.

Q: Who can participate in Summer Stretch?

A: The program is for middle school students in grades 6-8 in the fall of 2010. Also, teen leaders help lead middle school students in activities while enhancing their leadership skills. For more information about teen leaders, contact Youth Ministry in the Parish Office.

| <b>Date<br/>(Thursdays)</b> | <b>Morning<br/>Volunteering</b>  | <b>Afternoon<br/>Activity</b>   |
|-----------------------------|----------------------------------|---------------------------------|
| July 1                      | Feed My Starving Children        | Cascade Bay Water Park          |
| July 8                      | Friends of the Mississippi River | Picnic at Square Lake           |
| July 15                     | Emergency Food Network           | Bowling at Flaherty's           |
| July 22                     | Neighborhood Food Drive          | Wooddale Funzone                |
| July 29                     | Nursing Home Visits              | Vertical Endeavors Climbing Gym |
| August 5                    | Valley Fair                      | Valley Fair                     |



CHURCH OF ST. PETER  
*Roman Catholic Community*

## SUMMER STRETCH INFO

This program was developed by local youth ministers to allow youth in parishes to stay connected to their parish community in the summer through volunteering experiences, faith formation, and fun activities. This program is open to youth in grades 6-8 (according to the fall of 2010). This is a great chance for these middle school students to develop their faith while having a blast!

Students may choose to participate in any or all days of Summer Stretch, however, students must pre-register to ensure a space in the program for specific days. If there is enough room, walk-ups will be accepted during the summer. There are many options to pre-register:

Each day of activities cost \$25 plus a \$10 t-shirt cost.

Sign up for 3 dates plus t-shirt for \$85

Sign up for 4 dates plus t-shirt for \$100

Sign up for 5 dates plus t-shirt for \$120

Sign up for entire summer plus t-shirt for \$140 **(BEST DEAL)**

We will start each day with a youth focused Bible study session—looking at various parts of the Bible that speak to our own lives. Then, we will put our faith into action as we volunteer at various places such as Feed My Starving Children and local nursing homes. Finally, we will continue the fun with activities such as a trip to Vertical Endeavors Climbing Gym, fun at Square Lake Beach, Cascade Bay Water park, and bowling.

Senior High Students may fill out an application to be a Teen Leader for these events and help with the organization and running of the programs.

**REGISTRATION IS DUE BY FRIDAY, MAY 7**



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## Church of St. Peter Summer Stretch PARENT VOLUNTEERS

We cannot successfully run the Summer Stretch program without the help of parents and family members. Please read the following and check all items that you would be willing to volunteer for. All volunteers must complete the Archdiocesan Virtus Training program and pass a background check. Morning volunteers are needed to drive students to their service sites and chaperone them while they are there. Afternoon volunteers are needed to chaperone at the activity. Buses will be used for student transportation in the afternoons only.

Parents...

\_\_\_\_\_ **Check here...** if you would be willing to Volunteer with this event as a Chaperone or Driver for any Summer Stretch Event

July 1: AM: \_\_\_\_\_ PM: \_\_\_\_\_ All Day: \_\_\_\_\_

July 8: AM: \_\_\_\_\_ PM: \_\_\_\_\_ All Day: \_\_\_\_\_

July 15: AM: \_\_\_\_\_ PM: \_\_\_\_\_ All Day: \_\_\_\_\_

July 22: AM: \_\_\_\_\_ PM: \_\_\_\_\_ All Day: \_\_\_\_\_

July 28: AM: \_\_\_\_\_ PM: \_\_\_\_\_ All Day: \_\_\_\_\_

**Aug. 5: (Valley Fair) All Day:** \_\_\_\_\_

\_\_\_\_\_ **Check here...** if you would like to Chaperone or volunteer with any other Parish Youth events in the future

\_\_\_\_\_ **Check here...** if you would like to be added to an e-mail list that receives updates about upcoming youth events and other news

If you checked any of the above please include...

Name(s) \_\_\_\_\_

Student(s) names and grades \_\_\_\_\_

Best e-mail address to contact you by \_\_\_\_\_

Phone number \_\_\_\_\_

Have you chaperoned or volunteered with the Church of St. Peter before? Y/N

If yes, have you completed a background check and Virtus Training?

Please briefly list events you have volunteered/chaperoned for in the past:

# Archdiocese of St. Paul/Minneapolis

## Parental/Guardian Consent Form and Indemnity Agreement

Turn in this completed form, along with payment (cash or checks made out to Church of St. Peter), to the parish office on or before Fri-

Participant's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Gr: \_\_\_(fall)  
Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mother's name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Father's name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ T-Shirt size (in adult sizes): \_\_\_\_\_

Date of event: Thursday, July 1, 8, 15, 22, 29, Aug. 5(Valley Fair) **(please circle days your child will attend)**

Type of event: Middle School Summer Stretch

Destination of event: Square Lake, Flaherty's, Cascade Bay, Vertical Endeavors, Valley Fair, Food Shelf, Feed My Starving Children, Nursing Homes

Individual in charge: Hannah Keisling

Estimated time of departure and return: 9:00am-4:00pm (Valley Fair Day will be 8am-7pm)

Mode of transportation to and from event: Carpools and Buses

Student cost:

1 day + T-shirt = \$35

4 days + T-shirt = \$100

2 days + T-shirt = \$60

5 days + T-shirt = \$120

3 days + T-shirt = \$85

6 days + T-shirt = \$140 (BEST DEAL)

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. I agree to indemnify The Church of St. Peter and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against The Church of St. Peter/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 The Church of St. Peter and the Archdiocese in defense of such a claim/law suit.

**Emergency Medical Treatment:** In the event of an emergency, I hereby 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 & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Optional Medical Information:**

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

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies and/or Other Medical Conditions: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. *(Of the following statements pertaining to medical matters, sign only those that are applicable.)*

**Medical Treatment:** In the event it comes to the attention of **the Church of St. Peter**, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on attached Prescription Drug & Medical Authorization Form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Archdiocese of St. Paul/Minneapolis  
Parental/Guardian Consent Form and Indemnity Agreement

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on attached Prescription Drug & Medical Authorization Form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**No medication** of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** Church of St. Peter will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_ Immuniza-

tions: Date of last tetanus/diphtheria immunization: \_\_\_\_\_ Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: \_\_\_\_\_ You should be aware of

these special medical conditions of my child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing the  
**Church of St. Peter**

In this event sponsored by the Church of St. Peter

*On Thursday, July 1, 8, 15, 22, 28, Aug. 5, 2010*

***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, the Church of St. Peter can send the participant home at the participant/guardian's expense.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Please return to: Hannah Keisling, 2600 North Margaret St., North St. Paul, MN 55109

No later than: Friday, May 7, 2010

*The Parish/School sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18.*