

Holy Name of Jesus Registration Form

Name _____ Male/Female _____ Grade (Fall 09) _____

Parent/Guardian _____ Home Phone _____ Cell Phone _____

Adult Email(s) _____

Summer Stretch

June 30, July 7, July 14, July 21, July 28, August 4 (Valleyfair)

My teen will be attending all dates _____ YES _____ NO

Dates my teen WILL NOT be attending _____

WE NEED DRIVERS AND CHAPERONES!!

Dates I can be a morning driver to the service sites (7:45am – Noon)

Please check one **June 30** ___ **July 7** ___ **July 14** ___ **July 21** ___ **July 28** ___ **Aug 4** ___

Dates I can be an afternoon chaperone for the social events (12:30pm – 4:30pm)

Please check one **June 30** ___ **July 7** ___ **July 14** ___ **July 21** ___ **July 28** ___ **Aug 4** ___

I would like to be a chaperone for the all day Valleyfair Trip on August 4 _____

For Office Use Only

Paid: _____
Check #: _____
Date: _____

We only have 100 spots available for Summer Stretch 2010. Summer Stretch Core Team reserves the right to refuse applications or ask applicants to reapply based on answers to the questions.

Why do you want to participate in Summer Stretch?

Name one person in your life who you consider a role model of service.
Why do you believe this person is a role model?

Why do you think it is important for Catholics to do acts of service and social justice?

Please send your \$120 check made out to Holy Name of Jesus along with this form no later than May 22nd. Friends are welcome with signed permission form and payment!!

Hurry!! Space is limited!!

Questions-contact Patti or Chris at 763-473-7901 or email at pwatkins@hnoj.org
ckostelc@hnoj.org

SUMMER STRETCH PARTICIPANT REGISTRATION 2010

HOLY NAME OF JESUS
155 County Road 24
Wayzata, MN 55391

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name: _____
Birth Date: _____ Male _____ Female _____ Grade in School (for 09-10): _____
Parent/Guardian's Name: _____
Home Address: _____ City: _____ Zip: _____
Telephone: (H) _____ Business phone and/or Cell: _____

Type/Date of event: Summer Stretch June 30; July 7, 14, 21, 28; Aug 4 - 2010

Individual(s) in charge: Patti Watkins (763.745.3495); Chris Kostelc

Transportation: Buses (First Student Busing)

Contact: pwatkins@hnoj.org

Drop Off: 7:45 AM **Pick Up:** 4:30 PM / Except August 4th = 7:00 PM

Cost of event: \$120

Due: May 22, 2010

I, _____, grant permission for _____
Parent or guardian's name Participant'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 the parish-school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/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 parish/school and Archdiocese in defense of such a claim/law suit.

I also hereby waive and release the named church and the Archdiocese of St. Paul/Minneapolis from all claims and liability arising from any acts or omissions by the church, Archdiocese or their agents with regard to any injuries or damages incurred by my child during the ordinary course of the event/activity. This release and waiver shall not apply to claims that may arise from intentional acts.

Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Youth Ministry without compensation to me or my child.

*If you do not want your child's image and/or likeness to be used to promote parish youth ministry events, contact the above stated individual in charge to receive a version of this form that does not include the previous clause; however, some events/ activities may require this clause.

EMERGENCY MEDICAL TREATMENT: In the event of any 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 No.

MEDICAL INFORMATION:

Medication my child is taking at present: _____

Allergies: _____

Family Health Plan carrier number: _____

Family Doctor: _____ Phone Number: _____

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

Signature: _____ Date: _____

T-shirt size: S M L XL XXL