

Summer Stretch 2008

Youth participant application – Due by May 14
 (Return to Holy Name of Jesus – attn: **Summer Stretch**)

Name _____ My email _____

My home phone _____ My t-shirt size ___AS ___AM ___AL ___AXL

Summer Stretch Core Team reserves the right to refuse applications or ask applicants to reapply based on answers to the questions or participation level of applicant.

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 believe this person is a role model?

How is Service / Justice related to our Church’s mission? (ask your parents for help on this if you need to)

I will be attending on these dates . . .

Morning service work (8:00am - noon):

June 25	July 9	July 16	July 23	July 30	August 6

Afternoon fun activity (Noon - 4:30pm):

June 25 Baker Park	July 9 TBD	July 16 TBD	July 23 TBD	July 30 TBD	August 6 Valley Fair till 8:00 pm

(Consent form on reverse side – parent must fill out and sign)

SUMMER STRETCH PARTICIPANT REGISTRATION 2008

**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 08-09): _____
Parent/Guardian's Name: _____
Home Address: _____ City: _____ Zip: _____
Telephone: (H) _____ Business phone and/or Cell: _____

Type/Date of event: Summer Stretch June 25; July 9, 16, 23, 30 August 6 - 2008

Individual(s) in charge: Nate Reinhardt (763.746.8194); Chris Kostelc

Transportation: Buses (First Student Busing)

Contact: summerstretch@hnoj.org

Drop Off: 8:00 AM **Pick Up:** 4:30 PM / Except August 6th = 8:00 PM

Cost of event: \$100

Due: May 14, 2008

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: _____