HNOJ Crew

SUMMER SPRINT

JULY 16 - 18TH

8:30AM - 4:30PM

6TH - 8TH GRADERS (FALL 2019)

$35 A DAY - OR - $100 FOR ALL THREE DAYS

HIGH SCHOOL HELPERS AND ADULT CHAPERONES NEEDED

MORE DETAILS IN PACKET!

Introducing Summer Sprint 2019

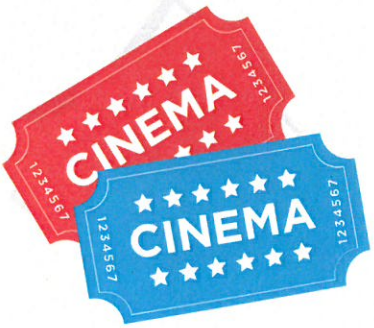
In an effort to make it possible for our middle school students to participate in all their summer activities, Summer Sprint will happen on three consecutive days from Tuesday, July 16th to Thursday, July 18th. Our meeting time will be from 8:30am - 4:30pm. We will spend our monrings doing service and in prayer, and in the afternoons we will go on a fun social outing. You can sign up for one, two, or three days.

To register, fill out the forms attached to this handout and return to the Parish Office by Wednesday, June 17th.

Our service sites may need to change depending on last minute circumstances. We will do our best to communicate any changes in a timely manner.

Tuesday, July 16th

Drop Off: 8:30am @ HNOJ
Pick Up: 4:30pm @ HNOJ
Morning Service: Volunteering at ICA Food Shelf
Afternoon Activity: Movies at Plymouth Grand 15*
Cost of Day $35



Wednesday, July 17

Drop Off: 8:30am @ HNOJ
Pick Up: 4:30pm @ HNOJ
Morning Service: Volunteering at a local nursing home
Afternoon Activity: Minnesota Twin's Game*
Cost of Day $35

Thursday, July 18

Drop Off: 8:30am @ HNOJ
Pick Up: 4:30pm @ HNOJ
Morning Service: Meal packing at Feed My Starving Children
Afternoon Activity: Bunker Beach Water Park*
Cost of Day $35

*Feel free to bring money to buy concessions at our afternoon activities!

Summer Sprint FAQs

What grades can participate in MS Crew Summer Sprint?

Anyone who will be entering 6th, 7th, 8th grade in the Fall of 2019 is welcome to join us! We also need high school students to be small group leaders!

Do we have to sing up for all the events in order to participate?

Nope! We would *love* for your middle schooler to join us for all three days, but understand this isn't always possible due to busy schedules. Feel free to pick and choose which days your middle schooler can join and register accordingly.

How do I register?

Pick up registration forms at the Parish Office or find the forms at: hnoj.org/summerstretch.
Please remember that forms are due back Monday, June 17th at the latest!

Do I have to help chaperone?

For safety purposes, we will need several chaperones for each Summer Stretch activity. As such, we kindly ask that every parent who has a child participating would sign up to chaperone for at least one day of Summer Sprint. Please indicate your availability on the registration form.

Are meals provided?

In order to keep Summer Sprint as affordable as possible, HNOJ will not be providing meals during our time together. Please bring a sack lunch with you for each day. We will bring a cooler with us on the bus for us to put our lunches in. Additionally, each of our afternoon activities has food available for purchase through concession stands. Feel free to bring money to buy concessions during afternoon activities.

How will kids be transported when traveling off-site?

We will be using the First Student Bus Company to bus middle schoolers to and from activites. We will do our best to be back at HNOJ before 4:30pm for drop off. However, with metro traffic our arrival time might be a little late. If we are going to be late, Elliut will send a message through either ShelbyNext or ConstantContact to inform everyone of the update arrival time.

Have any other unanswered questions? Contact Elliut!

763-746-8195 | efonseca@hnoj.org

2019 MS CREW's Summer Stretch PARTICIPANT Registration

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: □ 6 □ 7 □ 8 School: _____

Parent/Guardian Name(s): _____

Home Address: _____ City: _____ Zipcode: _____

Telephone: (H) _____ □ Business/ □ Cell: _____

Parent E-mail: _____ Teen E-mail: _____

Dates of Event (please check dates attending): □ Tuesday, July 16 □ Wednesday, July 17 □ Wednesday, July 18

Individual in charge: Elliut Fonseca —763-746-8195 | efonseca@hnoj.org

Transportation: School Bus/Professional School Bus Drivers

Cost of Event: $35 per day OR $100 if registered for 3 days (Scholarships are available)

All Registrations Due: June 17, 2019

PARENTS! WHEN CAN YOU VOLUNTEERS? _____

_____

I, _____ (Parent or Guardian's Name), grant permission for _____ (Participant's Name)

To participate in the above name activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Holy Name of Jesus 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 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 at the above numbers, contact:**

_____ (Name) at _____ (Phone Number).

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: _____

Cash/Check/Charge VS/MC/AE Date: _____ Paid: _____ #: _____

Name & Address: _____

Card #: _____ Exp: _____ Code: _____

Signature if paying by card: _____

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 *Holy Name of Jesus* or its officers, directors and agents, and the Archdiocese of St Paul & Minneapolis, chaperones, 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.

Signature: _____ Date: _____

> **Medication:** 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: _____

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

Signature: _____ Date: _____

****Specific Medical Information:** *Holy Name of Jesus* will take reasonable care to see that the following information will be held in confidence:

Allergic Reactions (medications, foods, plants, insects, etc.) _____
Immunizations: 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: _____

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing *Holy Name of Jesus* in this event sponsored by *Holy Name of Jesus*.

Please Read and Sign

I, _____, WILL:
(Printed name of 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, *Holy Name of Jesus*, can send the participant home at the participant/guardian's expense.

_____ _____
Youth Participant Signature Date

_____ _____
Parent/Guardian Signature Date

HOLY NAME OF JESUS CHURCH

PRESCRIPTION DRUG AND MEDICINE AUTHORIZATIONS

(USE THIS FORM ONLY OF MEDICATION IS TO BE GIVEN BY CHAPERONS DURING THE EVENT)

Any prescription or over-the-counter medicine must be in the original, labeled container.

THE FOLLOWING INFORMATION MUST BE COMPLETED BEFORE MEDICINE IS GIVEN.

Student Name: _____

Name of Prescription/Medicine: _____

Prescribing Dosage: _____

Prescribing Doctor: _____

Amount of Dosage: _____

Times to be Given: _____

Duration of Prescription: _____

I, _____, hereby authorize the Adult Chaperones to dispense
Parent/Guardian

medicine to _____ as directed above.
Student

_____ _____

Signature of Parent/Guardian Date