

MS Crew's Summer Stretch 2018 — Teen Leader Application

What will teen leaders do?

Teen leaders are needed first and foremost to be an example of Christ's love! The high schoolers have the important task of helping each middle schooler feel included, to encourage them as they serve others and try new things during the fun activities, to help process service and prayer experiences, and to model what it looks like to follow Jesus Christ and be authentically ourselves! This doesn't mean you have your faith all figured out (no one does!) but that you are really seeking a life of discipleship and have a desire to share Jesus' love with others!

Application Instructions: Please answer the questions below, fill out the attached registration forms and return to Ashley by **June 10th**. Then plan to attend the **Summer Stretch High School Leader Orientation on Sunday, July 8th after the 5:30 p.m. Mass**. *Leadership spots are limited, so apply soon!*

Why do you wish to serve at MS Crew's Summer Stretch 2018?

What do you hope to share with the middle schoolers about the Catholic faith? How might you do this?

What do you remember being hard about middle school? How might this impact the way you interact with middle schoolers?

How would you explain the importance of service to a middle schooler?

Which days are you able and committed to helping out? **Please note: We ask that all leaders be available to help with at least three of the five days.**

- Wed., July 11th (8am-5pm)
- Wed., July 18th (8am-5pm)
- Wed., July 25th (8am-5pm)
- Wed., Aug. 1st (8am-5pm)
- Wed., Aug. 8th (8am-5pm)

2018 MS CREW's Summer Stretch TEEN LEADER Registration

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

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name: _____ Male Female Birth Date: _____
Grade Fall 2018 : 10 11 12 School: _____ T-Shirt: S M L XL
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): Wed., July 11 Wed., July 18 Wed., July 25
 Wed., Aug. 1 Wed., Aug. 8 (Valley Fair)

Locations: HNOJ & various locations as noted on the event flyer

Individual in charge: Ashley Cermak—763-233-0251 | acermak@hnoj.org

Transportation: School Bus/Professional School Bus Drivers

Cost of Event: \$10/day on July 11, 18, 25, & Aug. 1 ; \$30 Aug. 8th;
Package deal for attending all 5 days: \$60 (save \$10!)

Note: (High school leaders are asked to commit to helping for at least three of the days).

All Registrations Due: Sunday, June 10, 2018 (*Leadership spots are limited, so apply soon!*)

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

_____ at _____
(Name) (Phone Number)

MEDICAL INFORMATION:

Medication my child is taking at present: _____

Allergies: _____

Family Health Plan Carrier Number: _____

Family Doctor: _____ Phone Number: _____

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 IF 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