



## 2018 Summer Stretch Application & Registration

Thursdays, June 21 & 28,  
July 12, 29 & 26 & August 2  
**Registrations & Payment (\$175) Due June 3**  
**Or Turn in Registration & Deposit (\$25)**  
**By April 11 to Receive**  
**Early Bird Rate (\$150 Total)**  
**Checks Payable to Mary Queen of Peace**

Name \_\_\_\_\_ Youth Cell Number \_\_\_\_\_

Parent's E-mail \_\_\_\_\_ Parent Phone Number \_\_\_\_\_

Have you Participated in Summer Stretch before? \_\_\_\_ If so, What year? \_\_\_\_\_

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?

I will be there on these dates: (please check your calendar and mark each date you can attend)

June 21	June 28	July 12	July 19	July 26	August 2	ALL

I know I'm not fully registered until one of my parents/guardians register to chaperone. I've spoken with them and someone will be there to chaperone at least on this one date:

June 21	June 28	July 12	July 19	July 26

Each day begins with Mass at 8:00 am at either Mary Queen of Peace (St. Walburga Campus in Rogers/Fletcher) or St. John the Baptist Catholic Church in Dayton. We usually have a breakfast meeting, service project, picnic lunch and spend the afternoon doing a fun activity. We return to church by 4:30 each afternoon. August 2 we will spend the entire day at Valleyfair.

Questions? Contact Ana Teresa Deliz: 612-405-0221 or [atdeliz@mqpcatholic.org](mailto:atdeliz@mqpcatholic.org)

# 2018 Summer Stretch — Parent/Chaperone Volunteer Form

Summer Stretch isn't possible without you! In order for Summer Stretch to work each participant **MUST HAVE** must have a chaperone registered (parent/guardian, grandparent, sibling or neighbor over 21) and available to serve with us and ideally drive carpool at least one day of the program.

Your teen isn't fully registered until the chaperone listed here has completed the Essential 3 process detailed at the bottom of this form and your registration fee refunded if not completed by June 3, 2018.

Chaperone Name \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Summer Stretch Participants Name \_\_\_\_\_

**Yes, the above youth has spoken with me and I can commit to the time slot they selected!**

-> Please list all **available** dates. Write **1** or **2** in the box to indicate which date is your first choice and which are your backup dates (in case we already have the needed drivers for your preferred date).

If you have completed our Chaperone Registration process you may still come on the date your youth indicated in addition to the required date.

June 21	June 28	July 12	July 19	July 26

How many students are able to fit in your **backseat**? \_\_\_\_\_

(I can put your child in your front seat, I can't allow another teen under 18 in your front seat, if your child is not tall enough for the front please note that here \_\_\_\_\_)

## **Essential 3 Certification Required for all Adult Volunteers 18+**

**Step 1. Fill out Volunteer Application Form found in our parish office to begin the process.**

**Step 2.** Complete Background Check,

**Step 3.** Live Virtus Training & any new online training,

**Step 4.** Signed Volunteer Code of Conduct. See [www.virtus.org](http://www.virtus.org) to learn how to complete your 3 requirements or to log into your account. To attend a Live Virtus Training in your area go to [tinyurl.com/VirtusTraining17](http://tinyurl.com/VirtusTraining17)

If you have already attended a Virtus Training Presentation but have not/cannot log in, or if you have **ANY** questions regarding Safe Environment requirements or carpooling requirements, **please contact Carol in our parish office, [businessoffice@mqpcatholic.org](mailto:businessoffice@mqpcatholic.org) or 763-428-2585.**



# 2018 Summer Stretch Parental/Guardian Consent Form and Indemnity Agreement

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_ Grade (Fall 2018) \_\_\_\_\_

Participant's Cell Phone \_\_\_\_\_ Participant's Email \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Parent Email \_\_\_\_\_

Type/Date of Event: Summer Stretch, June 21 & 28, July 12, 19, 26 & August 2

Individual in Charge: Ana Teresa Deliz

Transportation: Parent Car Pool Drop Off/ Pick Up: 7:55 am & 4:30 pm (except August 2)

Cost of Event: \$175\* – Turn in Paperwork and \$175 by June 3

\*\$150 Early Bird Rate- Turn in Paperwork and \$50 by April 11, pay the remaining \$100 by June 3

Scholarships are available. We ask families requesting scholarships to submit the registration fee and contact Sarah Moylan to request a scholarship.

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 for 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 of 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 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 Number	Relation
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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: \_\_\_\_\_

**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: \_\_\_\_\_