

Summer Stretch 2018

**“Christ has no body now but yours. No hands, no feet on earth but yours.”
St Theresa of Avila**

Participant Registration Form (youth going into grades 6 - 9)

Participant:

Name _____ Age _____ Grade (this fall) _____

Summer Stretch Dates:

Please circle the dates of participant's attendance:

June 20 June 27 July 11 July 18 July 25-26 – Overnight Campout

8:30- 9:00 - Registration

9:00 - 3:30 - Program

****July 25 will be a camp out leaving BSC at 10am and returning by noon on the 26th.**

Registration Fee:

\$10 per week

Fee Paid \$ _____ Date _____ Check _____ Cash

Photos

I give my child permission to be photographed. These photos may be used in the West River Catholic newspaper, or any of the parishes in the Diocese of Rapid City.

My child may be photographed: **YES** _____ **NO** _____

(Note: If the cost of participation is a hardship for your family, scholarship money can be made available. The cost of the program is not meant to prevent participation. Contact us if you would like additional information.)

Return forms to your parish office by June 13, 2018.

Questions: Contact Suzanne Feist at 605-431-0752 (Text or calls)

Parents/Guardians: By registering your son/daughter, you are expected to volunteer to drive and chaperone a **minimum of one day.**

Please select what day(s) you would be available to drive and chaperone

June 20 June 27 July 11 July 18 July 25-26 Overnight Campout

Would you be willing to chaperone the camp out on July 25? Yes No

How many seats do you have available in your vehicle? _____

Have you completed Safe Environment Training? _____

If so, where did you complete your training? _____

Safe Environment Training is available through Blessed Sacrament Church.

Would you like to be a project team leader? Yes No

Parent/Guardian name(s)_____

Cell phone # _____

Email Address:_____

Return forms to your parish office by June 13, 2018.

Questions or for more information on Safe Environment Training: Contact Suzanne Feist at 605-431-0752 (Text or calls)

FAQ

What is the cost of Summer Stretch and what does it include?

The cost of summer stretch includes transportation to events, all admission fees to service and recreational activities, and snacks. Cost is \$10 per week and can be paid ahead or on that day.

What about lunch?

Students are responsible for bringing their own lunch each week. Blessed Sacrament will provide coolers and areas to fill up water bottles throughout the day.

What if I have to miss a week or two because of a prior commitment? Can I register for only part of summer stretch?

YES. You may register and pay for only those dates for which you are available.

Can a friend who doesn't attend Blessed Sacrament register?

Of course. As long as they meet the age requirement they are welcome to join us!

What do participants need to bring each day?

As a minimum, they need a water bottle, lunch, and sunscreen. They will also need to wear a shirt with sleeves (no tank tops) and closed toed shoes (no sandals or flip flops.)

Do you need adult help?

YES! We MUST have adult volunteers who are safe environment trained to make this a reality. Please indicate on your child's form if you are able to spend a day or two this summer with some cool kids!

Permission Form for Middle School Religious Activities, June – August, 2018

In consideration of Blessed Sacrament Church, located at 4500 Jackson Blvd. Rapid City, SD 57702, arranging for participation in the *Summer Stretch* program during the summer of 2018, the undersigned parent/guardian of

_____, a minor, hereby releases and agrees to hold harmless the above-named parish or any of its advisors, chaperones or persons connected with the youth events/trips from any liability, claims, and/or damages for personal injury, property loss/damage which may result during the event.

The undersigned _____ hereby agrees to abide by the rules established for the above event.

Dated this _____ day of _____ 2018.

Signature of Participant

Emergency contact information:

Parent/Guardian name(s) _____

Cell phone # _____

Authorization for Medical Treatment

Participant Name, Birth Date

Address City, State Zip

Parent/Guardian Name, Work Phone, Home Phone, Cell Phone (please circle)

Insurance Company Policy Number

I hereby authorize medical treatment, administration of anesthesia, surgical treatment(s) for my minor son/daughter _____ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the physician's staff where treatment is rendered in the physician's office. I reserve the right to hold liable the hospital, physician(s) and nursing personnel who perform medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Signed this _____ day of _____ 2018, and valid until December 31, 2018

Signature of Parent