



REGISTRATION PACKET - SUMMER 2019

*STRETCH YOUR SELF
STRETCH YOUR HEART
STRETCH YOUR FAITH*

- Who:** This mission and ministry opportunity is for youth completing 5-11th grades (grades refer to 2018-2019 school year. You may invite friends who are not members of St. Ansgar's or First English Lutheran Churches to participate.
- When:** *Wednesdays June 12, 19, 26; July 17 and 24
- Time:** 8:30 a.m.-4:30 p.m. (hours may vary)
- Fee:** \$75 (*one-time fee for all five dates*) Scholarships available upon request.
- Due:** May 3, 2019 (participants whose registrations are received after May 3 are not guaranteed a T-shirt).
- Where:** Meet in the narthex at St. Ansgar's Lutheran Church

*A day-trip to Valley Fair will be offered to all 6-12th graders this year, rather than including it in the summer stretch dates.

Wednesday, June 12

Local Mission Activity (Cannon Falls) and MOA (Bloomington)

Wednesday, June 19

Nerstrand Big Woods State Park (Nerstrand) and Faribault Aquatic Park (Faribault)

Wednesday, June 26

Global Health Ministries (Minneapolis) and Sky Zone (Oakdale)

Wednesday July 17

Good Earth Village Day Camp (St. Ansgar's) and Treasure Island Water Park (Red Wing)
(We will grill and enjoy an outdoor picnic lunch at St. Ansgar's)

Wednesday, July 24

Feed My Starving Children (Eagan) and *Wheels of Fun (Lake Calhoun Minneapolis)
*paddleboarding, kayaking, canoeing, and/or swimming

What parents should know

Churches from across the Twin Cities Metro have been participating in this service, faith, and fun-filled event for many years. St. Ansgar's Lutheran Church and First English are excited to be joining together again. A typical day will look like this:

8:30 a.m. – Youth arrive at St. Ansgar's

8:35 a.m. – Check-in and devotions

8:45 a.m. – Group leaves for service events

11:30 a.m. – Service site work completed and lunch (lunch is a bag lunch from home unless otherwise indicated)

12:00 p.m. - Leave for fellowship event

12:30 p.m. – Afternoon fellowship event

2:45 p.m. – Leave for church

3:45 p.m. – Closing and journal time

4:15 p.m. – Parent pick-up and head home

Our days will not always be typical but usually we will be done by 4:15 p.m.

This program depends on parent volunteer drivers and accurate youth calendars. It will make a big difference and be greatly appreciated if each family volunteers to drive at least once per child registered. Last summer we struggled to get enough drivers some weeks. When you drive, your activity entrance is paid. If you are able to drive more than once, that also makes a huge difference. If you have questions or concerns, please call First English Lutheran (507-263-3042) and ask for Kris; or call St. Ansgar's Lutheran Church (507-263-3645) and ask for Pastor Nicole.

TO REGISTER, PLEASE RETURN PAGES 3-6

2019 Summer Stretch: Participant Registration/Permission/Health History Form

DUE with Payment on or Before Friday, May 3

Please return to First English or St. Ansgar's church offices.

Student Name _____ Birth Date _____ Gender ____ Grade '18-19 _____
Address _____ City _____ Zip _____ Youth Cell _____ (Text y or no)
Parent/Guardian _____ Mobile _____ (Text y or no)
Home Church: _____ **If not available in emergency, notify:**
1. _____ Phone _____ 2. _____ Phone _____

Adult T-shirt sizes (circle one): Small Medium Large XX L XXX L

Please circle any date you WILL NOT be in attendance:

June 12 June 19 June 26 July 17 July 24

Health History: Circle, giving approximate dates:

Ear Infections _____	<u>ALLERGIES</u>	<u>DISEASES</u>
Rheumatic Fever _____	Hay Fever _____	Chicken Pox _____
Convulsions _____	Asthma _____	Measles _____
Diabetes _____	Ivy Poisoning _____	German Measles _____
Fainting Spells _____	Bee Stings _____	Mumps _____
Behavior _____	Penicillin _____	Asthma _____
	Other Drugs _____	Heart Trouble _____

Operations or Serious Injuries (dates) _____

Chronic or Recurring Illness _____

Recent Exposure to Communicable Disease _____

Other Disease, or details from above _____

Restrictions while attending this event: (Be Specific)

Diet _____ Strenuous Activity _____

Other Comments _____

Medical Insurance Company _____

Policy Number _____

I'm paying the \$75 fee with the following (you may use more than one payment option):

____ Cash ____ Check # ____ Youth Account or Fundraiser Credits

2019 SUMMER STRETCH

Adult Volunteer Registration

It will make a big difference and be greatly appreciated if each family volunteers to drive one time per child registered. Last summer we struggled to get enough drivers some weeks. When you drive, your activity entrance is paid. If you are able to drive more than once, that also makes a huge difference. Thank you in advance.

Please write legibly, especially your cell phone number and email address. Thank you!

Parent name _____

Home phone _____ Cell _____ (preferred)

Work phone _____ Email _____

What is the best way to contact you during the day?

(circle one) email cell phone home phone work phone

How many passenger seats (all non-driver seats) does your vehicle have? _____

Which dates are you available to drive? (If you have a preference, rank order your dates. Thank you.)

Wednesday, June 12 ____ (Driver/Chaperone all day)

local missions (Cannon Falls) and MOA (Bloomington) - Activity pass ____yes ____ no

Wednesday, June 19 ____ (Driver/Chaperone all day)

Global Health Ministries (Minneapolis) and Skyzone (Oakdale) - Activity pass ____yes ____ no

Wednesday, June 26 ____ (Driver/Chaperone all day) - Activity pass ____yes ____ no

Nerstrand – Big Woods State Park (Nerstrand) and Faribault Aquatic Center (Faribault)

Wednesday, July 17 ____ (Driver/Chaperone, afternoon only) - Activity pass ____yes ____ no

Good Earth Village Day Camp (St. Ansgar's) and Treasure Island Water Park (Red Wing)

Wednesday, July 24 ____ (Driver/Chaperone-Half day) - Activity pass ____yes ____ no

Feed My Starving Children (Eagan) and Wheels of Fun (Lake Calhoun, Minneapolis)

Medical Consent Form

To Whom It May Concern:

We (I), the undersigned, do hereby give permission for our (my) child _____ to attend and participate in Summer Stretch, a program offered jointly through of St. Ansgar’s Lutheran Church and First English Lutheran Church the Wednesdays of June 12, 19, 27; and, July 17, and 25.

We (I), authorize an adult, in whose care the above named minor has been entrusted by us or a staff member of (St. Ansgar’s Lutheran/First English Lutheran) to consent to any reasonably necessary medical examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and/or hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of Minnesota law and an active member of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of any such physician or any such hospital, clinic, or urgent care facility.

We (I), the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

We (I) understand that should it be necessary for our (my) child to return to my care due to medical reasons or otherwise, that I shall assume all transportation costs.

Date

Parent/Guardian Signature

Parent/Guardian Signature

PARENTAL AFFIRMATION

I, _____, do hereby affirm to (St. Ansgar’s Lutheran/First English Lutheran) that I have the legal authority to provide my consent and authorization for matters relating to the participation of _____ in the Summer Stretch Program of St. Ansgar’s Lutheran/First English Lutheran of Cannon Falls, MN on the Wednesdays listed above.

Date

Parent/Guardian Signature

Relationship to Child

Permission to Use Photograph

Student's name: _____

Location: Summer Stretch

I grant to St. Ansgar's Lutheran Church/First English Lutheran, its representatives and employees the right to take photographs of me and my property in connection with Summer Stretch and to publish the same in print and/or electronically.

I agree that St. Ansgar's/First English may use such photographs of me without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature, Participant _____

Printed Name _____

Date: _____

Signature, Parent or Guardian _____

Printed Name _____

Date: _____