

# 2010 Summer Stretch Permission Form (Leader)

Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Grade (Fall '10) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell/Work \_\_\_\_\_ T-Shirt Size(adult) \_\_\_\_\_

## Summer Stretch

**June 15, June 22, June 29, July 13, July 20**

I will be attending all dates \_\_\_\_\_ YES \_\_\_\_\_ NO

Please indicate any dates that you will **NOT** be able to attend (due to camp, vacation, etc.; at least 3 out of the 5 Tuesdays need to be available in order to be a leader)

**June 15** \_\_\_\_, **June 22** \_\_\_\_, **June 29** \_\_\_\_, **July 13** \_\_\_\_, **July 20** \_\_\_\_.

Please indicate which training date that you plan to attend

**May 25 (Tues.)** \_\_\_\_\_ **OR, May 26 (Wed.)** \_\_\_\_\_

(You must be able to attend one of these two training dates to qualify as a Summer Stretch Leader)

**Grade & school attending in Fall of 2010** \_\_\_\_\_

**T-Shirt Size (circle one)**    M    L    XL    XXL    (These are adult sizes.)

**Emergency Contact** \_\_\_\_\_ **Phone #** \_\_\_\_\_

### Important Medical Information

**Medical Insurance** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Medical Concerns** \_\_\_\_\_

*(Medications/Allergies, etc.)*

For headaches or minor pain, my child may be given: \_\_\_\_\_

### AUTHORIZATION MUST BE SIGNED BY THE BOTH THE PARENT/GUARDIAN AND THE STUDENT!!

My son/daughter has permission to participate in the St. Joseph the Worker Summer Stretch program. I understand such a program does involve some element of risk incidental to such participation, and I do release and hold harmless the Archdiocese of St. Paul/Minneapolis, St. Joseph the Worker parish, their employees, chaperones, leaders, drivers or any other organization involved. Neither the Archdiocese, St. Joseph the Worker parish, nor any said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. I understand there is no medical insurance provided by the Parish or the Archdiocese. In the event of an emergency, I hereby authorize emergency treatment to be administered. I also authorize any pictures taken at the event to be used on the St. Joseph the Worker webpage

*Parent/Guardian Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

I agree to participate in this event and follow the guidelines set by the staff and leaders.

*Student Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**For Office Use Only**

Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

**Please send your \$70 check made out to St. Joseph the Worker along with this form no later than April 30<sup>th</sup>. Hurry!! Space is limited!!**

**Questions? Contact Barry at 763-425-9801 or email at [bshay@sjtw.net](mailto:bshay@sjtw.net)**

**(OVER)**