

2010 Summer Stretch Permission Form

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, August 4 (ValleyFair)

My teen will be attending all dates _____ YES _____ NO

Dates my teen WILL NOT be attending _____

Please indicate any dates that you will **NOT** be able to participate (due to camp, vacation, etc.; at least 3 out of the 5 Tuesdays need to be available for participation –See *Driver Agreement Form for details*)

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

Afternoon chaperones for the social events (Noon – 5:00pm)

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

I would like to be a chaperone for the all day *ValleyFair* Trip on Wed. August 5th _____

I would be willing to be a **Summer Stretch Angel** (emergency sub driver/chaperone) _____

Number of Open Seat Belts in your vehicle _____.

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 \$130 check made out to St. Joseph the Worker along with this form no later than April 30th. Hurry!! Space is limited!!

Questions? Contact Barry at 763-425-9801 or email at bshay@sjtw.net

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