



SUMMER STRETCH 2017

<u>What:</u>	3 days of service and fun! We will work with local service agencies for 2 (Monday and Tuesday) days and then on the third day (Wednesday), spend the day at Valleyfair. Make a difference in the community! Bring a friend. Do not need to be a member at St. Patrick's to attend!
<u>Cost:</u>	\$50 includes: lunches on Monday and Tuesday and admission fees to Valleyfair.
<u>When:</u>	Service Day - Monday, July 10 from 9:00 am to 1:00 pm Service Day - Tuesday, July 11 from 9:00 am to 1:00 pm Valleyfair - Wednesday, July 12 from 9:00 am to 7:00 pm Please meet at the SPY ROOM each day
<u>PLEASE NOTE:</u>	The deadline to sign up (with payment and completed consent form) for this event is Thursday, June 29
<u>Questions:</u>	Please contact Bryan Collins at 651-621-1562 or bcollins@churchofstpatrick.com
<u>Help is needed</u>	We do need parents to help as chaperones, drivers or with lunch. If you are interested in helping please indicate it on the consent form. Thank you!



PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Participant Name _____

Date of Birth _____ M or F (please circle) Grade 2017/18 _____ School _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Email (for announcements prior to event) _____

Date of Event: July 10-12 Type of Field Trip: SPY Slam
Destination: Service Sites and Valley Fair
Individual(s)/Teacher(s) in Charge: Bryan Collins
Time of Event: Varies depending on Day **Student Cost: \$50.00**

Yes I would like to help
 Yes I have filled out a background check form at St. Patrick's No I have not filled out a back ground check form at St. Patrick's
 No I am not able to help

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Patrick and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Church of St. Patrick/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 the Archdiocese in defense of such a claim/suit. We occasionally take pictures at our events. These pictures will be only used within St. Patrick's parish for the use of informing the parish about our events. If you do not wish for your child to be in these pictures please notify the youth minister.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name Phone Number

Required MEDICAL INFORMATION:

Medication my child is taking at present _____ Allergies _____

Other Medical Conditions _____ Family Health Plan & number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date