

St. Croix Valley Catholic Youth Ministry presents...

Summer 2010 Stretch

Junior High Christian Service Camp Teen Counselors

Work hard.

Play hard.

Pray hard.

Lead.

service projects -
random acts of
kindness - prayer -
praise and worship
music adoration -
discussion - canoeing
- swimming - group
games - ropes courses
- climbing tower -
crafts - beach vol
leyball - basketball
- kickball - crazy
olympics - MORE!!!

When?

MANDATORY Training:
Sunday, June 6 11:30am-4:00 pm
OR Sunday, June 27 11:30am-4:00 pm

Summer Stretch will be Wednesdays
June 30 - July 28

Who?

Open to all incoming
10th - 12th graders
(class of 2010-2013)

What?

Leading junior high teens in service
projects, small group discussions, and
camp activities!!

**How
much?**

\$ 65 covers everything
including transportation,
t shirt, activity costs, and
even your Valley Fair admission!
(Cost is standard regardless of session attendance)

How?

Registration is due May 20

Mail your \$65 and completed
registration form (back) to:
SCVFF
218 Willard St. E.
Stillwater, MN 55082

**More
Info?**

Contact Annie Fochtman
Director of Youth Ministry
651.351.3175
afochtman@scvff.net

**Summer Stretch 2010 Participant
PARENTAL CONSENT FORM and INDEMNITY AGREEMENT**

Student/Participant Name _____

Date of Birth _____ Sex _____ Grade ('10-'11) _____ School _____ T-shirt size _____

Teen email _____ Parent email _____

Parent/Guardian Name _____

Home Address _____ City/State _____ ZIP _____

Home Phone _____ Parent Cell Phone _____

Date you will attend training: June 6 _____ June 27 _____

Date of Event: **June 30, July 7, July 14, July 21, July 28**

Type of Event: **Service/social activities**

Destinations: **Including but not limited to: St. Mary's Church, Life Care Center, Goodwill, Solanus Casey House, Peace House, Kiwanis Scout Camp, Valley Fair**

Individual in Charge: **Annie Fochtman**

Estimated Time of Departure **8:30 am** Return: **4:30 pm**

Mode of Transportation To & From Event: **Bus and Carpool**

Student Cost: **\$65.00**

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 St. Croix Valley Faith Formation, St. Charles', St. Mary's, St. Michael's, and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against St. Croix Valley Faith Formation, St. Charles', St. Mary's, St. Michael's /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. **I also agree to allow any pictures or video's taken during this event to be used as promotional material for St. Croix Valley Faith Formation.**

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

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

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

Signature

Date

Parents, we need your help!

Without enough chaperones, we will NOT be able to participate in Summer Stretch!!!!
If you are able please fill out below and you will be contacted at a later date:

Name: _____ Number: _____ E-Mail: _____

Indicating your availability does not obligate you in anyway.