



## 2008 Jr. High Summer Stretch Form

### Join us Wednesdays this summer for Summer Stretch!

We will meet at Trinity at 8:30 a.m. for a gathering worship time. At 9 a.m. junior high students will head out into the community to serve. We will eat lunch at approximately noon on Wednesdays. Students need to bring a bag lunch. During the afternoon Summer Stretch participants will head off to exciting destinations such as water parks, sports events, and game venues. Summer Stretch is a great way to have fun with friends and grow in your faith. The cost for Summer Stretch is \$100. Register by May 4 and get a free Summer Stretch t-shirt.

**Don't forget to ask your friends to sign up!**

#### Summer Stretch Dates:

**June 11      June 18      June 25      July 2      July 9**

*All dates: Meet at 8:30 a.m. and pick up at 4:30 p.m. Drop off and pick up at Trinity Lutheran Church.*

Cut here -----

Payment \$ amount:	Type of Payment:	Fees are non-refundable and non-transferable.	Date Paid:
--------------------	------------------	---	------------

#### Student Information

Name of Participant:		Grade:	School:	
Address:		City:	State:	Zip Code:
Date of Birth:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	T-shirt size: <b>(Must register by May 4 to guarantee a t-shirt.)</b> Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	

#### Parent Information

Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:
Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:

#### Emergency Information

Emergency Contact Name:	Relationship:	Home Phone:	Work/Cell Phone:
-------------------------	---------------	-------------	------------------

#### Health Information

Medical Insurance Company:	Policy Number:
Health Concerns:	

See other side.

### Release Information

I am the parent/legal guardian of the participant named below, and hereby grant my permission for him/her to participate fully in Trinity Lutheran Church related events/trips and activities, and to be transported off-site with Trinity staff members. In the event of an emergency and I cannot be reached, I give permission for the supervising Trinity staff member or the available adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence. *(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)* I give permission for my youth's photo to be used for publicity purposes:  Yes  No

Parent/Guardian Signature:	Date:
----------------------------	-------

I \_\_\_\_\_ (student name) understand that any inappropriate behavior will be dealt with immediately and may result in being sent home.

Student Signature:	Date:
--------------------	-------

### Hey Parents!

We need parents to help make Summer Stretch possible! Each parent will need to fill out a background check (if they have not already this year) to be a chaperone.

I am willing to drive and chaperone a small group service project on these days (9 a.m.-Noon).

June 11     June 18     June 25     July 2     July 9

How many people in addition to yourself can fit in your vehicle? \_\_\_\_\_

I am willing to help chaperone the large group afternoon activity on these days; transportation is by bus in the afternoons (12:30-4 p.m.):

June 11     June 18     June 25     July 2     July 9

Please list any dates you know your child will not be able to attend, so we can accurately order tickets and transportation: \_\_\_\_\_



Submit