



SUMMER STRETCH

A FUN MIDDLE SCHOOL SERVICE PROGRAM

WHEN DOES IT HAPPEN?

Wednesdays, 8:30 a.m. - 4:45 p.m. for four weeks on the following days: **July 10, 17, 24 & 31.** (ValleyFair Day is from 8:30 a.m. to 7:00 p.m.)

WHO CAN PARTICIPATE?

Any student entering 6th through 9th grade. We also need a few qualified high school leaders who must complete a training session on **Monday, July 8 at 6:00 p.m.** Contact Paul if you want to be a high school leader (see below).

WHAT HAPPENS?

Youth are bused to service sites in small groups with two adults and participate in a morning service project and return to the church for a noon sack lunch. Then, the whole group goes out for an afternoon recreational event. Students learn about serving in the spirit of Jesus' love, and build community with each other.

Probable **service sites** are Guardian Angels Catholic Church and Parish Food Shelf Garden, Hope for the Journey Home Shelter, Open Cupboard Food Shelf, Cerenity Senior Care, Marian of St. Paul, Union Gospel Mission, Merrick Food Shelf, St. Paul Parks, and Feed My Starving Children. **Recreation sites** are Cascade Bay Waterpark, Grand Slam, St. Paul Saints at CHS Stadium, and ValleyFair.

WHAT'S THE COST?

The fee is **\$130** per middle school youth participant and high school youth leaders. This covers bus transportation, recreational activities, and a T-shirt.

WHAT TO BRING EACH WEEK?

Sack lunch/beverage for lunch. Usually, snacks are available to purchase at the afternoon event. Students should wear closed-toed shoes every week and bring swim suits, towels, and sunscreen for the afternoons we go to waterparks.

FOR ADULTS:

Each family must supply an adult 21 years or older to help **one full day or one morning (8:30 a.m. to noon).** See adult information on page two for more details.

HOW DO I REGISTER?

Complete the forms attached here or on our parish website at www.guardian-angels.org. Please return completed form by **April 30** with a **\$130** check made out to "Guardian Angels" in an envelope marked "Attn: Paul Deziel." **Space is limited.** After April 30 the cost is \$155 if space is still available.

WHEN WILL I KNOW FINAL DETAILS?

There will be a required parent information session on **Sunday, May 19 at 10:30 a.m.** in the Youth Center downstairs.

QUESTIONS?

Please contact Paul Deziel by email or phone at pdeziel@guardian-angels.org or **651-789-3173.**



Guardian Angels
CATHOLIC CHURCH
Engaging in God's Service

GUARDIAN ANGELS SUMMER STRETCH REGISTRATION---2024

Student name _____ Grade entering Fall '24 ____ T-shirt Size _____(adult sizes)

School 24-25 _____ Student e-mail address _____

Mom name & E-mail _____

Dad name & E-mail _____

Home Address _____ Home phone _____

Mom Cell # _____ Mom phone daytime _____

Dad Cell # _____ Dad phone daytime _____

Non-parent emergency contact & phone number _____

Please list one or two students they would like in their small group. We will do our best to accommodate requests.

ADULT VOLUNTEER INFORMATION

In order to run Summer Stretch we require each family supply one adult volunteer (age 21 or older) for either **one full day or one morning session**. In order to protect our youth, all adult volunteers must complete both a background check as well as **VIRTUS** training required by the Archdiocese (this only must be completed once in a lifetime). Background check forms will be available at our **Parent Meeting at 10:30 a.m. on Sunday, May 19**.

Indicate the name and date the adult can help with Summer Stretch **service in the morning 8:30 a.m. to 12:00 p.m.** by listing your 1st and 2nd choices on the lines below. You will be informed of your date to chaperone at the parent meeting on Sunday, May 19 at 10:30 a.m.

Name _____

____ July 10

____ July 17

____ July 24

____ July 31

Indicate the name and date the adult can help with a Summer Stretch **recreational activity in the afternoon**, by listing your 1st and 2nd choices on the lines below.

Name _____

____ July 10

____ July 17

____ July 24

____ July 31

GUARDIAN ANGELS PERMISSION FORM AND MEDICAL RELEASE

Participant's Name: _____

Birth Date: _____ Gender: _____ Grade in 2024/25 _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

DATE/TYPE OF EVENT: Summer Stretch, July 10, 17, 24 & 31, 2024

DESTINATION: Guardian Angels Catholic Church and Parish Food Shelf Garden, Hope for the Journey Home Shelter, Open Cupboard Food Shelf, Cerenity Senior Care, Marian of St. Paul, Union Gospel Mission, Merrick Food Shelf, St. Paul Parks, and Feed My Starving Children. Recreation Sites are Grand Slam, Cascade Bay, CHS Stadium and ValleyFair.

INDIVIDUAL(S) IN CHARGE: Paul Deziel. Contact pdeziel@guardian-angels.org or 651-789-3173

ESTIMATED TIMES: 8:30 a.m. arrive, depart at 9:00 a.m., return by 4:45 p.m. (7:00 p.m. on July 31)

MODE OF TRANSPORTATION: Bus

PARTICIPANT COST: \$130

I, _____ grant permission for _____
(Parent or guardian's name) (Child's 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 Guardian Angels and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against Guardian Angels 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 Guardian Angels and Archdiocese in defense of such a claim/law suit.

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

Name: _____ Phone number: _____

MEDICAL INFORMATION:

Medication my child is taking at present: _____

Family Health Plan carrier name: _____

Family Doctor: _____ Phone number: _____

As parent or guardian, I agree to all of the above stated considerations and conditions.

Signature

Date