

# SUMMER STRETCH

## A CHRIST-CENTERED MIDDLE SCHOOL SERVICE PROGRAM

### WHEN DOES IT HAPPEN?

**Wednesdays, 8:30 a.m. - 4:45 p.m.** for four weeks on the following days: **June 10 and 17 and July 8 and 22.** (ValleyFair Day is from 8:30 a.m. to 7:00 p.m.)

### WHO CAN PARTICIPATE?

Any student entering 6<sup>th</sup> through 9<sup>th</sup> grade. We also need a few qualified high school leaders who must complete a training session (time and date to be determined). Contact Andy 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.

Possible **service sites include** Guardian Angels Catholic Church and the Parish Food Shelf Garden, Open Cupboard Food Shelf, St. Paul Parks, and Feed My Starving Children. Possible **recreation sites** are Franciscan Retreats and Spirituality Center, Grand Slam, CHS Stadium and ValleyFair.

### WHAT'S THE COST?

The fee is **\$150** 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.

### 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](http://www.guardian-angels.org). Please return completed form by **May 1** with a **\$150** check made out to "**Guardian Angels**" in an envelope marked "Attn: Andy Watts." **Space is limited.** After May 1 the cost is \$165 if space is still available.

### WHEN WILL I KNOW FINAL DETAILS?

There will be a required parent information session on **Sunday, May 17 at 10:00 a.m.** in the Youth Center downstairs.

### QUESTIONS?

Please contact Andy Watts or Lukas Steffensmeier. Contact Andy at [awatts@guardian-angels.org](mailto:awatts@guardian-angels.org) or **651-789-3173**. Contact Lukas at **651-789-3162** or [lsteffensmeier@guardian-angels.org](mailto:lsteffensmeier@guardian-angels.org).



**Guardian Angels**  
CATHOLIC CHURCH  
*Share the Good News of Jesus*

# GUARDIAN ANGELS SUMMER STRETCH REGISTRATION---2026

Student name \_\_\_\_\_ Grade entering Fall '26 \_\_\_\_ T-shirt Size \_\_\_\_\_(adult sizes)

School 26-27 \_\_\_\_\_ 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 10:00 a.m. on Sunday, May 17**.

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 25 at 10:30 a.m. **Please note that June10 is a full day commitment.**

Name \_\_\_\_\_

\_\_\_\_ June 10 (full day)

\_\_\_\_ June 17

\_\_\_\_ July 8

\_\_\_\_ July 22

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 \_\_\_\_\_

\_\_\_\_ June 17

\_\_\_\_ July 8

\_\_\_\_ July 22

# GUARDIAN ANGELS PERMISSION FORM AND MEDICAL RELEASE

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in 2026/27 \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**DATE/TYPE OF EVENT:** Summer Stretch, June 10 and 17 and July 8 and 22

**POSSIBLE DESTINATIONS:** Guardian Angels Catholic Church and the Parish Food Shelf Garden, Open Cupboard Food Shelf, St. Paul Parks, and Feed My Starving Children. Possible **recreation sites** are Franciscan Retreats and Spirituality Center, Grand Slam, CHS Stadium and ValleyFair.

**INDIVIDUAL(S) IN CHARGE:** Andy Watts. Contact [awatts@guardian-angels.org](mailto:awatts@guardian-angels.org) or **651-789-3173** Lukas Steffensmeier. Contact [lsteffensmeier.org](mailto:lsteffensmeier.org) or **651-789-3162**

**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 22)

**MODE OF TRANSPORTATION:** Bus

**PARTICIPANT COST:** \$150

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