



# Summer Stretch 2022

June 15 + 22 + 29 and July 13 + 20 | 8:15 AM - 4:00 PM

**Purpose:** Summer Stretch gives middle school youth a safe, healthy place to belong, where they can contribute to the community while socializing and working alongside their peers. It is open to any teen currently in grades 5-7. Students in grades 8-12 can join us as student leaders.

**Expectations:** Everyone will work at the weekly designated service site with their group. It is strongly encouraged to attend both the service project and the recreational activity. If scheduling conflicts arise, please contact ahead of time, but please know, no refunds will be given once you commit to Summer Stretch. **A typical day looks like:**

- 8:15 AM Check-in at church
- 8:30 AM Group Activity, Site Instructions
- 9:00 AM Depart for Service Sites
- 12:00 PM Return to church for Lunch, Devotions and Prayer
- 1:00 PM Leave for Recreational Activity
- 4:00 PM Parents pick-up at church

**Deadline for registration and \$125 fee is May 15** due to planning needs. Please return form on back side of this flier to the church office or you fill it out online at: <https://forms.gle/TjVGUDRWTTiaH32Z9>

The registration fee for students in grades 5-7 (\$125) can be paid to the church office in cash or check made out to St. John's Lutheran Church. To pay online, use <https://www.stjohns-ec.org/give/giving> and click on the online donation button. Under the Mission/Outreach tab, Summer Stretch registration fee can be paid via Summer Stretch/VBS line. Please note Summer Stretch and student name in space provided.

Scholarships are available if needed. There are no refunds past the registration due date. \$125 includes t-shirt, lunch, transportation, service project, and afternoon recreation. It does not include afternoon snacks / vending machine or any extras that may be purchased at recreational sites.

**We NEED MANY adults to help make Summer Stretch happen!**

Are you willing and available to volunteer / drive on any of the days of Summer Stretch? Please consider helping by signing up using the registration link: <https://forms.gle/TjVGUDRWTTiaH32Z9>

Questions? Contact Amy McGrew, Interim Director of Education, at [amy@stjohns-ec.org](mailto:amy@stjohns-ec.org).

## Summer Stretch Registration Form

Registration and \$125 fee deadline is May 15 due to planning needs.

Summer Stretch gives middle school youth a safe, healthy place to belong, where they can contribute to the community while socializing and working alongside their peers. It is open to any teen currently in grades 5-7. Students in grades 8-12 can join us as student leaders.

**Summer Stretch takes place from 8:15 AM to 4:00 PM on the following dates: June 15 + 22 + 29 and July 13 + 20.**

**Full Name of Parent(s)/Guardian (s):** \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Receive Text:  Yes  No

Email for Children's & Youth Ministry Updates: \_\_\_\_\_

Teen's Address (if different from guardian): \_\_\_\_\_

We NEED MANY adults to help make Summer Stretch happen! Are you willing and available to volunteer on any of the days of Summer Stretch?:  No  Yes, on dates: \_\_\_\_\_

If you can help transport students, how many people can your car hold with you? Driver plus \_\_\_\_\_

If you can volunteer, what is your T-Shirt Size (Adult):  S  M  L  XL  XXL

**First Teen's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Completing School Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

Allergies, special needs, medical conditions, etc.: \_\_\_\_\_

\_\_\_\_\_ T-Shirt Size (Adult):  S  M  L  XL

**Second Teen's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Completing School Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

Allergies, special needs, medical conditions, etc.: \_\_\_\_\_

\_\_\_\_\_ T-Shirt Size (Adult):  S  M  L  XL

Transportation / Event Release: I give full permission for my child participate in Summer Stretch activities and to be transported to activities away from church, riding in approved vehicles with approved drivers in St. John's Lutheran Church, and to attend and participate in activities off site as part of our youth program.

Medical Release: I grant permission to St. John's Lutheran Church personnel to seek emergency medical treatment for my child(s) should it be needed. I understand they will make every reasonable effort to contact me or the emergency contact I provided in this form.

Emergency Contact person (other than parent): \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier Name: \_\_\_\_\_

Insurance Policy or ID#: \_\_\_\_\_ Insurance Group ID#: \_\_\_\_\_

Doctor / Clinic Name: \_\_\_\_\_ Doctor / Clinic Phone Number: \_\_\_\_\_

Waiver of Liability: I agree to hold the St. John's Lutheran Church and any staff, members and volunteers free and waive any claims for payment for accident, injury, disability, or damages to the person or property of the aforementioned child arising out of, related or connected with his/her/their participation in Summer Stretch.

Photography / Media Release: I give St. John's Lutheran Church permission to take photography and/or video of my child(s) while participating in church activities on or off-site, and use photos/videos for promoting church programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Teen(s): \_\_\_\_\_