

SUMMER STRETCH REGISTRATION 2009

**Summer Stretch Fee
\$130 Due at registration.
No refunds after June 1st**

Participant's Name _____

Address _____ Age _____ Grade (2008-2009) _____

City _____ Zip _____ Height (in inches) _____
(Open to current grades 6th, 7th, 8th)

Parent name(s) _____ Phone (home) _____

Regularly checked e-mail address _____
(work) _____
(cell) _____

Check here to have information e-mailed instead of sent via postal mail

St. John Neumann member: Yes _____ No _____

T-Shirt Size (circle one) **S M L XL XXL XXXL** (these are adult sizes)

(For Parents) I give permission for my child to take part in Summer Stretch on the specified dates and times. In consideration of the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation. I hereby release, absolve, indemnify and agree to hold harmless the Archdiocese of St. Paul/Minneapolis, St. John Neumann Church, its agents, and officer, and the chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from these activities. None of the aforementioned parties shall be held financially responsible in the event of an injury, illness or accident resulting from this activity. If, in the event I do not wish my child's picture used in electronic or printed communication, I will make this known in writing on this form.

Having read this release, I understand and sign this authorization and waiver form voluntarily.

Signature (parent/guardian) _____ Date _____

In the event of an emergency and I cannot be contacted, I will authorize that emergency treatment may be administered. _____ Yes _____ No

If parents can't be reached in case of an emergency/injury or illness, contact:

Name _____ Phone _____

Doctor's name _____ Phone _____

Address _____

Insurance Provider _____ Policy number _____

List any special circumstances (social/emotional/allergies/medications) we should be aware of regarding your child:

IMPORTANT ATTENDANCE INFO

Please indicate which weeks you will **DEFINITELY NOT** attend so that we can arrange for adequate bus transportation. The buses and transportation continue to be our biggest expense for this program. An accurate count of participants will help us to better manage these transportation costs.

Please mark the date(s) your child WILL NOT be attending:

June 25 _____ July 9 _____ July 16 _____ July 23 _____ July 30 _____ August 6 _____ August 13 _____

We are in need of adult chaperones. Please consider volunteering at least once for this ministry.