

Summer Stretch

Completed 5th—completed 9th Grade

9am-3pm

Tue. July, 17— We will be going to Feed My Starving Children for a morning of service, followed by a scavenger hunt at the Mall of America. \$15 _____

Tue. July, 24— We will be going to Vertical Endeavors for a day of climbing! \$20 _____

Tue. July 31st— We will be going to Second Harvest Heartland for a morning of service and then we will going hiking at Coon Rapids Dam Regional Park. \$15 _____

Tue. August 7— We will be having a downtown adventure with a tour of the Capitol Building, The Cathedral of St. Paul, Grand Avenue, and lunch at The Original Malt Shop. \$20 _____

Tue. August 14- We will spend the day volunteering for the State Parks Department and end the day with a trip to Nelson's Ice Cream. \$15 _____

Tues. August 21— We will be joining the kids on a trip to the Minnesota Zoo! Please note that we will be leaving St. Stephen at 8am and returning at 3pm this day. \$20 _____

Registration March 15th. Registration for each week closes two weeks prior to that event. We must have a minimum of 3 kids registered for each week or we will need to cancel that week. Register for all 6 weeks at one time and receive a \$10 off.

Please provide your child a sack lunch (except Aug. 7) and water bottle each week. Please apply sunblock to your child prior to arriving, we will continually apply sunblock as needed throughout the day.

See Melissa for more information.

Child's Name _____

DOB _____ Grade _____

Address _____

Phone _____

Parent/Guardian Name _____

I can drive March 12th _____ My car seats _____

I can drive March 14th _____ My car seats _____

Emergency Contact _____

Emergency Contact Phone _____

My Child has the following medical/behavioral concerns that you should know about

I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities. In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the United States of America or any health care professional duly licensed to provide health care serviced in the United States of America for medical care and services deemed necessary by the doctor, its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

Parent Signature _____ Date _____