



TYM4U

2018

Transfiguration Summer Stretch July 16th-20th

Introducing a new week-long format for Summer Stretch! This is a great opportunity for those finishing 6-8 grades to grow in their faith through service to those who need it, and get a good break from the summer. We will be starting with Mass in the morning at 8:00 a.m. and then heading out to work sites, like Feed My Starving Children, Life Care Center East and more. Then following lunch, in the afternoon we will head off to a fun activity like Grand Slam, Pinz, or Bunker Beach. We will end the day at 5:00 p.m. back at the church. We'll have a mid-week break for Valley Fair on Wednesday, July 18th. Registration forms are available online and in the Gathering Space. Registration ends on June 17th 2018 (in order to get a t-shirt). There is still need for high school leaders and adult chaperones for all dates.

Schedule for a typical day:

8:00 a.m. Mass with a youth oriented homily

8:30 a.m. Snack and instructions for the day

9:00 a.m. Bus to service site (Life Care Center, Feed My Starving Children...)

12:00 p.m. Lunch either at activity or Transfiguration

12:30 p.m. Fun activity (Pinz, Grand Slam, Bunker Beach...)

4:30 p.m. Return to Transfiguration

5:00 p.m. Parent pick-up

Other Details:

- **Total Cost \$120 (snack, t-shirt, all activities and bus)**
- **Wednesday, July 18th will be a whole day at Valley Fair**
- **All Service sites and afternoon activities are listed on the reverse side**



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Monday, July 16th:

- **AM—Nursing home visits at St. Therese Woodbury**
- **PM—Como Town and Como Zoo**

Tuesday, July 17th:

- **AM—Options for Women East Clinic**
- **PM—Pinz**

Wednesday, July 18th:

- **All Day—Valley Fair!**

Thursday, July 19th:

- **AM—Feed My Starving Children**
- **PM—Bunker Beach Water Park**

Friday, July 20th:

- **AM—Transfiguration Catholic Church**
- **PM—BBQ and Ice Cream Social at the Parish. Pick up at 1:30PM*****

SUMMER STRETCH PARENTAL CONSENT FORM

Participant Name _____ Sex _____ Grade 2017~2018 _____ School _____

Parent/Guardian Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Work/Cell Phone _____

Shirt Size (ADULT SIZES): S M L XL XXL Cost \$120

E-mail address : _____ (this will allow us communicate with you during the program)

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

Name Relationship Phone Number

HEALTH INFORMATION:

Medication my child is taking at present _____

For headache or minor pain, my child may be given _____

Allergies _____

Other Medical Conditions _____

Insurance Company _____ Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

I, _____, GIVE PERMISSION FOR _____
Parent or Guardian Name Child Name

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify TRANSFIGURATION CATHOLIC CHURCH from any claims or law suits brought 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 the parish/school in defense of such a claim/suit.

I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense. I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the TRANSFIGURATION CATHOLIC CHURCH while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

Check here if you do not want your child's picture used for public display

Parent/Guardian Signature _____ Date _____

Parent volunteers please indicate at least 1 date and preference to chaperone:

July 16th ___ July 17th ___ July 18th ___ (Valley Fair) July 19th ___ July 20th ___

___ Yes I have filled out a background check form at Transfiguration
___ No I have not filled out a back ground check form at Transfiguration

SUMMER STRETCH CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing

TRANSFIGURATION CATHOLIC CHURCH

On **7/16-7/20/2018** at all events pertaining to **SUMMER STRETCH 2018**

Please read and sign.

I, _____, **WILL:**
Printed Name of Youth Participant or Leader

- Students are representatives of Transfiguration Church, the Summer Stretch Program, and the Archdiocese of St. Paul and Minneapolis; we ask them to project an image of Christian consideration, sensitivity, and respect for others and the property around them.
- Appropriate clothing; no tanktops or short shorts(longer than finger tips resting at your side) at work sites and when swimming (only one pieces bathing suits or tankinis)
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time! This is important for the rest of the day. A late start will take away time from issues that need to be addressed, service sites, and the social activity.
Leaders 7:45AM
Students 8:00 AM
- Not have in my possession any tobacco, alcohol, or any controlled illegal substance.
- **If a student is sick or unable to attend, please notify Justin Shay at 651-501-2219 or email at jshay@transfigurationmn.org as soon as possible.**
- Have fun!

I agree to the terms listed above and understand if any of these terms are violated, Transfiguration can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to: Justin Shay at the parish office