

Summer Stretch Registration Form

In order to get t-shirt, form is due by May 16, 2021.

Youth Ministries is preparing and planning for the **evenings of June 9, 16, 23 and July 14, 21**. We want to continue to give youth a safe, healthy place to belong, where they can contribute to the community while socializing and working alongside their peers. We will need individuals and families to sign up in advance and to provide their own equipment.

This year, families of students completing grades 5th through college will meet for bring-your-own picnic style dinner at 5:30 p.m. or come at 6:00 to serve together. We'll meet back at church at 7:30 for bonfire and gaga ball.

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: _____

Youth's Address (if different from guardian): _____

Number of family members participating (including parent/guardian): 1 2 3 4 5

T-Shirt Size (Adult): S M L XL 2nd Parent / Guardian T-Shirt Size (Adult): S M L XL

First Child'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 Child'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

Third Child'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

The only cost associated with Summer Stretch this year will be for a t-shirt. Each participant can purchase a shirt for \$15. Please make checks payable to: St. John's Lutheran Church (memo: Summer Stretch)

I permit my children to participate in Summer Stretch activities, and agree to release all liability from St. John's Lutheran Church (staff, members and volunteers) if my child(s) are injured in any way during activities.

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: _____

Signature: _____ Date: _____

Printed Name: Relationship to Child(s): _____