



Summer Strech 2010

June 24, July 1, July 8, July 15,
July 22, July 29, Aug 5th

Middle School Students
(6-8th grade)
Serving others & sharing
the love of Jesus through
acts of love.

8:15-9am Devos
9-noon Serve
Noon: eat bag lunches
Noon-4:30pm Play
4:30-4:45 Recap

Early Bird Rate: \$ 110 by 5/1

Regular Rate \$135

Per week rate \$20

(please register for the weeks you're coming
so we have enough drivers and service sites!!!)

(\$30 for valleyfair)

Scholarships available

SUMMER STRETCH 2010

SUMMER STRETCH 2010 Details:

The registration fee covers all 7 weeks' afternoon activities, a t-shirt, transportation, & valleyfair admission on August 5th.

Friends are welcome but we need to know they're coming at least 7 days in advance so that we have enough seat belts and service sites!

Driving policy: Each student's family is responsible for driving twice during the summer for the full day (8:30-4:45). If you are unable to drive you are responsible for finding a replacement! We also need all drivers to complete a background/driver's check.

Clothing policy: Please make sure you wear tennis shoes each week. NO open toed shoes. Your SS shirt needs to be worn every week & remember we will get dirty...so dress for it. When we go swimming, girls will need to wear a 1 piece swimsuit or a colored shirt over their 2 piece.

Summer Stretch Registration & Medical Release

\$110 early-bird rate (after May 1st cost is \$135) we do fill up, please register soon!

Student Name: _____ M or F amount paid: _____

Parent Name: _____ hm # _____

Address (complete): _____

Emergency # _____ parent e-mail: _____

Friend you'd like to be in a group with: _____

Please **circle** the dates you WILL be coming: 6.24, 7.1, 7.8, 7.15, 7.22, 7.29, 8.5 (7:30a-7p)

Note for success: mark on your calendar the dates you've registered for so that if things change you can let us know! It is really HELPFUL if we know when you are and aren't coming!

Grade you'll be in fall 09: ___ 7th ___ 8th ___ 9th ___ 10th T-shirt: s, m, l, xl, xxl (adult sizes)

Any Known Allergies: _____

Date of last tetanus shot: _____ Any meds the student carries: _____

Group leaders may give my child non-prescription drugs (Tylenol, etc) _____ yes _____ no

Medical insurance company: _____ policy # _____

I (the parent) recognize that I will have to drive 2 times during the course of the summer or find a replacement for myself—see driving policy above _____ yes

Are you willing to fill out a background/driver's check? _____ yes

Name of Driver: _____ # of seats (minus driver & other non-stretch children) _____

Please **circle** the dates you are ABLE to chaperone: 6.24, 7.1, 7.8, 7.15, 7.22, 7.29, 8.5 (7:30a-7p)

I won't schedule you to drive more than twice unless you tell me to. If you can drive more often we would LOVE it!

I give permission for my child to attend Summer Stretch Events on the Thursdays listed above. I agree to hold WLC and its agents guiltless in the event of accident or injury to my child. I authorize the church and/or its agents to order necessary medical care and treatment. I understand that I will be contacted ASAP in the event of an emergency. I understand they will be going off church grounds to a variety of places throughout the summer. Promotional: WLC may use comments, photos, videos of named student in promotional pieces.

Parent Signature: _____ Date: _____

Refund Policy: Because we have to pay deposits to many of the sites we visit, \$40 of the registration cost is non-refundable. The remaining portion may be refunded if we are notified by June 9th.