

Summer Stretch

**A special summer program
for youth entering grades 7-9**



Summer Stretch is a weekly program in the months of June and July especially for Catechism age students that focuses on service in and around our Brainerd Lakes Area.

We gather together on Thursdays: 9 a.m. to 4 p.m. for a fun day of challenging and rewarding experiences. We'll spend the morning doing service at various locations and agencies in the Brainerd Lakes Area, have lunch together, a short study on the summer's theme, then spend the afternoon sharing fun activities like mini golf, waterslides, or swimming. It's a great way to meet people, have fun, and do something important during your summer.

2018 Dates of Service: June 7, June 14, June 21, July 11*, July 19,

**July 11 will be our Twins game, details regarding the day and what time we leave will come at a later date*

Where: We will always meet at Bethlehem Lutheran Church to begin and end the day.

Cost: \$70 for 5 weeks, pro-rated for less than 5 weeks if registered by May 13th. (Includes all activities, tickets, and a T-shirt — youth are responsible for bringing their own sack lunches each day.)

To Sign Up: Complete the registration form included in the packet and return by May 14th to Pastor Sarah with payment. (Checks can be made out to Bethlehem Lutheran Church)

Financial assistance is available upon request.

Parents, you will be receiving a phone call to schedule parents to drive. We will need parents to help out one or two times during the summer with driving. When you drive in the mornings, we will also need you to be at the service sites with the kids. In the afternoon you are welcome to drop us off or participate with us. If you have any additional conflicts that come up that you haven't marked down, please let Pastor Sarah know so we can plan accordingly.

Welcome to Summer Stretch

1. **The first day is Thursday, June 7th.** Meet at Bethlehem Lutheran Church at **9 am** (the area at the entrance near the offices).
2. You'll get a T-shirt to wear the first day. We will wear our T-shirts every Thursday. (Once a week you don't have to decide what to wear!)
3. Please make sure you wear church appropriate clothing each week, shoes that you can run and move in and **no short-shorts.**



WHAT TO BRING To SUMMER STRETCH

- ✗ Lunch (you can put them in the fridge at church, or there will be a cooler if we will be away from church for lunch).
- ✗ Tennis shoes or sport sandals—no flip flops.
- ✗ The Health Release Form (leaders will carry these forms with them).
- ✗ A water bottle with your name on it.
- ✗ Sunglasses or a hat.
- ✗ Sunscreen.
- ✗ A rain coat if there are intermittent showers (we will have a rainy day option if it is too rainy to be outside).

A reminder to parents- we are done at 4 p.m. We will return to Bethlehem Lutheran at the end of the day. We are very excited about this summer – if you have any questions please contact Pastor Sarah.

Summer Stretch Thursday Schedule

9:00 Gathering and Intro

9:15 Depart for Service Sites

9:30 Work at Service Sites

12:00 Leave for lunch at BELC
or site near afternoon site

12:15 Lunch

12:45 Reflection Time & Bible Study

1:30 Go to afternoon activity

3:45 Back at BELC Group Closing time,
prayer and ice cream

4:00 Parents pick up and go home!

BETHLEHEM LUTHERAN CHURCH
418 8TH AVE NE
BRAINERD, MN 56401

I give permission for my child/I agree to travel to and to fully participate in all activities relating to the 2018 Summer Stretch during June and July of 2018.

In case of emergency, I understand that every effort will be made to contact parent(s), guardians(s), or other relatives listed below. If these contacts cannot be reached, I hereby give the staff and appointed volunteers of Bethlehem Lutheran Church permission to act on my behalf in seeking emergency treatment for my child/me in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that Bethlehem Lutheran Church is not responsible for related injuries that may occur during this event.

Name of Participant _____ DOB _____

Address _____ City _____ State _____ Zip _____

Phone(home) _____ (work) _____ (cell) _____

Email _____

You be interested in receiving text messages at the following numbers regarding summer stretch:

Insurance Company _____ Insurance Co. Phone _____

Policy Number _____ Policy Holder's Employer _____

If parent/guardian/spouse is not available, please call relative below:

Name _____ Relation _____

Phone(home) _____ (work) _____ (cell) _____

Address _____ City _____ State _____ Zip _____

Additional comments regarding medical history, allergies, current prescriptions or drug reactions, etc., that may be needed in treatment or helpful for staff:

Signature of Parent/Guardian _____
(for youth participants)

2018 Summer Stretch Registration

Financial assistance available—inquire with Pastor Sarah

Participant _____ Age _____

Parent or Guardian _____

Address _____
Street City State Zip

Grade entering Fall 2018 _____

T-Shirt Size:(T-shirts are Adult sizes) Sm _____ Md _____ Lg _____ XL _____ 2XL _____

Because of vacations or conflicts, I will be **UNABLE** to participate in Summer Stretch on:
(Check any dates that apply to you)

June 7 _____ June 14 _____ June 21 _____

July 11 (Twins game) _____ July 19 _____

PARENT MUST SIGN THE LOWER PORTION FOR STUDENT TO BE REGISTERED

Parent Participation Requirement

If your child is involved in Summer Stretch, all parents will be asked to drive two Thursdays during the summer. If this is an issue, you will need to talk to Pastor Sarah before signing your youth up for Summer Stretch. BELC does not own a van, and the only way this ministry works is by adult participation.

June 7 _____ June 14 _____ June 21 _____

July 11 (Twins game) _____ July 19 _____

How many can your vehicle hold other than the driver: _____

CHECK ONLY DATES THAT YOU WOULD **NOT BE AVAILABLE** to drive.
A SCHEDULE WILL BE MADE OUT BEFORE SUMMER STRETCH BEGINS AND MAILED OUT TO YOU. If you are unable to drive, please indicate whom you would like to drive in your place. For example: grandparent, aunt, family friend.

Please return this completed form (Health Form is on the back) with payment to the BELC office by May 13th.