

An opportunity for SERVICE and FUN for all who have completed 6th-8th grade...

# SUMMER BLAST 2017

## What Is Summer BLAST?

(Believers Learning And Serving Together)

It's an incredible Christian faith experience for 6th-8th graders. Join several area churches for community service projects in the morning and fellowship in the afternoon. It's a wonderful chance to meet new friends, help the community, and have a lot of fun!

Participating in the White Bear Area are:

Redeemer Lutheran	Stefanie Fauth	429-5411	x11
St. Genevieve	Valerie Noll	235-8627	
St. Mary of the Lake	Karlene Feidt	429-8001	x240
	Justin Kelly	429-8001	x223

Members of all area churches are welcome!  
*Call anyone listed above with questions*

**Friends are  
Welcome to  
Register!!**

**Square Lake Park  
Bunker Hills Wave Pool  
Wild Mountain**

**Movie Theater  
Nickelodeon Universe**

When: July 10-14 8:45 am-4:30 pm (Summer BLAST)  
July 26 8:45 am-6:30 pm (Valleyfair)  
Where: Meet and pick up at area churches (rotating schedule)  
Cost: \$120 for July 10-14.  
\$155 for July 10-14 and Valleyfair on July 26.

Includes all activities, lunch at Square Lake, t-shirt, transportation

\*Checks payable to Summer BLAST\*

\*Registration deadline is June 5\*

Sign up: Return the registration form, waiver, and payment.



**\*\*\*You can register online! Credit cards accepted!\*\*\***

<https://summerblast.wufoo.com/forms/summer-blast-participant/>



*Financial help may be available through your church.*

## Summer BLAST Calendar 2017

<b>Date</b>	<b>Time</b>	<b>Location</b>	<b>Event and Emergency Phone Numbers</b>
<b>Monday, June 5</b>		Your home church	Registrations Due. Absolutely no registrations will be accepted after today!
<b>Thursday, June 29 LEADERS ONLY!</b>	1:00 PM-5:00 PM	St. Mary of the Lake Parish Life Center (school building) 4690 Bald Eagle Ave. 429-7771 vm 429-8001 x223	Training Day for Group Leaders.
<b>Monday, July 10</b>	8:45 AM-4:30 PM	St. Mary of the Lake Parish Life Center (school building) 4690 Bald Eagle Ave. 429-7771 vm 429-8001 x223	Movie Theater (Movie choice to be announced.) Bring a lunch.
<b>Tuesday, July 11</b>	8:45 AM-4:30 PM	St. Genevieve's Parish Center 6995 Centerville Rd. Centerville 426-1818	Bunker Beach Wave Pool 763-767-2895 Bring a lunch.
<b>Wednesday, July 12</b>	8:45 AM-4:30 PM	St. Mary of the Lake Parish Life Center (school building) 4690 Bald Eagle Ave. 429-7771 vm 429-8001 x223	Nickelodeon Universe 952-883-8800 Bring a lunch.
<b>Thursday, July 13</b>	8:45 AM-4:30 PM	Redeemer Lutheran Church 3770 Bellaire Ave. 429-5411	Square Lake Beach Free bar-b-q lunch provided. 651-430-8200
<b>Friday, July 14</b>	8:45 AM-4:30 PM	St. Mary of the Lake Parish Life Center (school building) 4690 Bald Eagle Ave. 429-7771 vm 429-8001 x223	Wild Mountain 651-465-3615 Bring a lunch.
<b>Wednesday, July 26</b>	8:45 AM-6:30 PM	St. Mary of the Lake Parish Life Center (school building) 4690 Bald Eagle Ave. 429-7771 vm 429-8001 x223	Valleyfair 952- 445-6500 Bring a lunch.

Alternate Site in Case of Bad Weather:

WB Township Theaters, Marcus Oakdale Theater, Saints North, Brunswick Zone, Split Rocks Bowling Center, Shoreview Community Center, Maple Grove Community Center

**Summer BLAST '17 Participant Registration Form**

*St. Mary of the Lake*

Name \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent Email \_\_\_\_\_

T-shirt Size-Adults (please circle one): Medium Large XLarge XXLarge



\_\_\_\_\_ I intend to go to **VALLEYFAIR** on Wednesday, July 26 and have included \$35 in addition to the \$120 Summer BLAST cost.

Name of **one** friend you would like in your small group \_\_\_\_\_

**To register, return no later than May 21:**

Registration form

\$120 Payment. Absolutely no registrations will be taken after June 5!

Waiver

**\*\*Checks payable to Summer BLAST\*\*.**

**Summer BLAST '17 Adult Participation Form**

*St. Mary of the Lake*

Name \_\_\_\_\_ Phone \_\_\_\_\_

***Each family should provide an adult (21 or older) to help in one of the following ways:***

Driver (Mon, Tue, Thurs only)

Check in at 8:45, be ready to drive at 9:30, until 12:15. Child Care is provided for drivers, upon request. All sites require adult supervision and/or participation.

Total seat belts \_\_\_\_\_

I will drive/supervise on the following dates: \_\_\_ July 10 \_\_\_ July 11 \_\_\_ July 13

Service Site Adult Supervisor (Wed, July 12 only)

Check in at 8:45, be ready to travel at 9:00, until 12:15.

Must drive self or carpool to Feed My Starving Children in Eagan.

Thursday Picnic prep and set-up (4 or 5 people needed)

10:00-1:30, Thurs., July 13 only. Prep and transport food for picnic at Square Lake.

Child Care (If needed)

8:45-12:15. Watch children of drivers at the host site. Materials will be provided.

I will help on the following dates: \_\_\_ July 10 \_\_\_ July 11 \_\_\_ July 13

***Thank you!***

*By volunteering you agree to allow the church to perform a background check. Forms will be provided.*

For Office Use Only: Check # \_\_\_\_\_ Amt.: \_\_\_\_\_ Date: \_\_\_\_\_

SUMMER BLAST  
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participants Name:		
Birth Date:	Grade:	Sex:
Parent/Guardian's Name:		
Home Address:		
Primary Phone: Home Cell Work	Secondary Phone: Home Cell Work	

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_  
Parent or Guardian's name (Print) Child's name

to participate in the below named event(s) and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Summer BLAST/White Bear Lake area churches from any claims or law suits brought against Summer BLAST/White Bear Lake area churches 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 Summer BLAST/White Bear Lake area churches in defense of such a claim/law suit.

Event:	Middle School Summer BLAST	Valleyfair
Date of Event:	July 10-14, 2017	July 26, 2017
Individual(s) in Charge:	Summer BLAST team	Summer BLAST Team
Estimated time of departure and return:	8:45am-4:30pm	8:45am-6:30pm
Mode of transportation to and from event:	Bus and adult drivers	Bus

**Medical Information:** Please be sure to fill out all of the following information.

Medication my child is taking at present:		
Any other medical information your child's adult leader should know:		
Family Doctor:		Phone:
Family Health Plan Carrier:		Policy #:

**EMERGENCY CONTACT:** In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship:	Phone:
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**Photo Release:** Check here if you do **NOT** want your child's photo to be used in future promotional materials.

**Parent/Guardian Signature:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a hospital or doctor.

Signature:	Date:
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