

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

SUMMER BLAST 2018

What Is Summer BLAST ?

(Believers Learning And Serving Together)

It's an incredible Christian faith experience for 6th-8th graders, where 9th-12th graders can grow as leaders and mentors.

REBOOT

2018	Summer	B.L.A.S.T.	Reboot!
Start time: 8:00 AM	Tuesday Pick-up 4:30pm	Wednesday Pick-up 4:30pm	Thursday Pick-up 6:00pm
July 10 – 11- 12	Mass AM: Visit Nursing Homes PM: Sandwich Project	Mass AM: Feed My Starving Children PM: Nickelodeon Universe	Mass All Day: Wild Mountain
July 17 – 18 - 19	Mass AM: Visit Nursing Homes PM: Dresser Build at Bridging	Mass AM: Arc Value Village PM: Bunker Beach Wave Pool	Mass All Day: Valleyfair
Light breakfast provided each day!!	<u>Tuesday:</u> Lunch is provided	<u>Wed & Thurs:</u> Bring your own lunch or buy at fellowship site	Cost: \$90 for one week \$160 for both weeks

Drop off and pick-up each day is at St. Mary of the Lake Church
4741 Bald Eagle Ave, White Bear Lake

You can register online! Credit cards accepted!

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



**DRIVERS
NEEDED!
SEE PAGE 5!**

Financial help may be available.
Contact the Faith Formation Department
for more information at 651-429-7771

Please return the following by May 13

(add \$20.00 late fee from May 14-June 4. NO registrations will be accepted after June 4)

- Registration form (page 3)
- Signed Waiver (page 4)
- *\$90.00 for ONE WEEK
- Or
- *\$160.00 for BOTH WEEKS
- Adult Volunteer form (page 5)



Make checks payable to SummerBLAST

*leaders, see page3 for

REBOOT

Why did we "Reboot" Summer BLAST?

*We heard your challenges for coming to Summer BLAST
so we made the following changes:*

➔ **Three days in a week instead of five. Why?**
*So you can still go to the cabin for a long weekend
So you will not be too worn out to participate in your evening events*

➔ **Two weeks instead of one. Why?**
*So if you can't make one week, you can come to the other week
Because we have too much planned to squeeze it all in one 3-day week*

➔ **Added breakfast for everyone. Why?**
Because we are asking you to arrive early and we know you are hungry!

MIDDLE SCHOOL Summer BLAST 18 Participant Registration Form

Name _____ Participant Cell Phone _____

Circle Grade Completed 2017-2018 school year: 6 7 8

Address _____ Gender: M F

City, State, Zip _____

Parent Cell Phone and Email _____

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

Registering for: Week 1 July 10-12 Week 2 July 17-19

HIGH SCHOOL Summer BLAST 18 Registration Form

Circle grade completed in 2017/2018 school year: 9 10 11 12

Name _____ Age on 7/10/18 _____

Address _____

Cell Phone: _____ Email _____

Parent name & phone _____

T-shirt size: (circle one) M L XL XXL

OPTION #1: I just want to be a participant (please check your choice)

\$90 for week #1, \$90 for week #2 OR \$160 both weeks

OPTION #2: I want to be a small group leader and agree to the expectations listed below

\$60 for week #1, \$60 for week #2 OR \$100 both weeks

EXPECTATIONS OF A SMALL GROUP LEADER:

- ◆ Attend training meeting on Monday July 9 from 1:00 – 3:00 PM (there will be ice cream!)
- ◆ Arrive each morning at 7:45 PM, prepared to welcome other Blasters
- ◆ Take attendance – morning - on bus – return trips
- ◆ Be in-charge of group at the Nursing Homes
- ◆ Keep group together at Feed My Starving Children
- ◆ Lead a small group discussion on Thursday
- ◆ Lead your group in the scheduled clean-up rotation

Leaders will be chosen based on need and first come, first served. Preference will be given to those who have previously attended Summer BLAST. If you are not chosen, we will let you know and automatically welcome you as a participant unless you tell us otherwise.

SUMMER BLAST
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participants Name:		
Birth Date:	Grade:	Sex:
Parent/Guardian's Name:		
Home Address:		
Primary Phone (circle): Home Cell Work	Secondary Phone (circle): 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/St. Mary of the Lake from any claims or law suits brought against Summer BLAST/St. Mary of the Lake 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/St. Mary of the Lake in defense of such a claim/law suit.

Event:	Middle School Summer BLAST "Reboot"
Date of Event:	July 11-13, 2018/July 17-19, 2018
Individual(s) in Charge:	Justin Kelly/Karlene Feidt
Estimated time of departure and return:	8:00 AM-4:30 PM *6:00 PM return on Thursdays
Mode of transportation to and from event:	Bus and adult drivers

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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For Office Use Only: Check # _____ Amt.: _____ Date: _____
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Summer BLAST 18 Adult Participation Form

St. Mary of the Lake

(Must be 21 or older)

Name _____ Cell Phone _____

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

- Driver Tuesday, July 10 ____ Tuesday, July 17 ____
(Please complete Liability Waiver on reverse side and have had a Driver background check*)

Check in at 8:30 AM at the church or by text/phone, be ready to drive from 9:15 until 12:15.

Please stay on site at the Nursing Home. Check in with Karlene c. 651-348-0752

Total seat belts ____ (including driver)

- Feed My Starving Children Adult Supervisor (Wed, July 11 only)
Check in at 8:45 AM, Must drive self or carpool to Feed My Starving Children in Eagan.
Start time on site in Eagan is 9:45am.

- Breakfast helpers 7:30—9:30am at the Church. Choose the day(s) you will help:
(actual start and end times may vary)
____ Tues. 10th ____ Wed. 11th ____ Thur. 12th
____ Tues. 17th ____ Wed. 18th ____ Thur. 19th

- Tuesday lunch prep and set-up 10:00 AM—12:30 PM
Tuesday, July 10 ____ Tuesday, July 17 ____

Thank you for showing your support by volunteering. We could not do this without you!

And now.....the red tape:

By volunteering you agree to have completed the Essential 3 Training with Virtus prior to volunteering.

All adults are required to fulfill the Virtus Enhanced Essential 3 requirements (EE3). The EE3 relates to 1) the *Code of Conduct*, 2) safe environment training and 3) background checks, with re-credentialing required every **three years**. Your involvement at your parish or Catholic school as a volunteer who interacts with children, youth or vulnerable adults warrants compliance with the Archdiocese's Safe Environment requirements.

Please check below what applies to you:

- *I have completed the Virtus Essential 3 within the past 3 years, including driver check if volunteering to drive youth
- I do not know if I am up to date with Virtus. Please contact me with that information.
- I have never completed Virtus, but I am willing to do so to be a volunteer. Please contact me with that information.

SUMMER BLAST
DRIVER INFORMATION SHEET
(Please bring this with you on the day that you plan to drive)

DRIVER

Name _____ Date of Birth _____

Address _____

Phone # _____ Driver's License # _____

Date of License Expiration _____

VEHICLE THAT WILL BE USED

Name of Owner _____ Model of Vehicle _____

Address of Owner _____ Make of Vehicle _____

_____ Year of Vehicle _____

License Plate # _____

Registration Expiration Date _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

INSURANCE INFORMATION

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____

Policy # _____

Date of Policy Expiration _____

Liability Limits of Policy _____

*Please note: The minimal, acceptable liability for privately owned vehicles is \$100,000/\$300,000.

CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport participants of the event.

Signature

Date