

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

SUMMER BLAST 2019

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.

It's a wonderful chance to meet new friends, help the community, and have a lot of fun!

Flexible Scheduling

Feed My Starving Children
Nursing Homes
Sandwich Project
And Others!

Tons of Fun

Choose one or two weeks!

July 9-11 and/or 16-18

8:30 AM - 4:30 PM

Join us for Mass at 8:00 each day!

Meaningful Service

Wild Mountain
Bunker Beach Wave Pool
Nickelodeon Universe



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://goo.gl/6oeEWa>

**VOLUNTEERS
NEEDED!
SEE PAGE 5!**

MEMBER CHURCHES

Contact any of us with questions

Christ the King	Heidi Caldecott	hmcaldecott@gmail.com
St. Genevieve	ThuyAnh Hoang	thoang@stgens.org
St. Mary of the Lake	Justin Kelly	jkelly@stmarys-wbl.org
St. Mary of the Lake	Karlene Feidt	kfeidt@stmarys-wbl.org

Please return the following by May 19

(add \$20.00 late fee from May 19-June 3. NO registrations will be accepted after June 3)

- Registration form (page 3)
- Signed Waiver (page 4)
- *\$100.00 for ONE WEEK
- Or
- *\$180.00 for BOTH WEEKS
- Adult Volunteer form (page 5)



Make checks payable to Summer BLAST OR Register online and pay by credit card.

*leaders, see page 3 for your cost

Why Choose Summer BLAST?

➔ Service and Fun! Why?

*Youth love to help others and it gives confidence & builds character
Social skills and activities are essential for development*

➔ Three days in a week instead of five. Why?

*You can still go to the cabin for a long weekend
Youth will not be too worn out to participate in evening events*

➔ Two weeks instead of one. Why?

*If you can't make one week, you can come the other week
We have too much planned to squeeze it all in one 3-day week*

➔ Breakfast for everyone. Why?

*Gathering at table is a sign of Christian unity
Youth arrive early and we know they are hungry!*

MIDDLE SCHOOL Summer BLAST '19 Participant Registration Form

Name _____ Participant Cell Phone _____

Circle Grade Completed 2018/2019 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 9-11 Week 2 July 16-18

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

HIGH SCHOOL Summer BLAST '19 Registration Form

Circle grade completed in 2018/2019 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 \checkmark check your choice)

\$100 for week #1, \$100 for week #2 OR \$180 both weeks

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

\$80 for week #1, \$80 for week #2 OR \$120 both weeks

EXPECTATIONS OF A SMALL GROUP LEADER:

- ◆ Attend training meeting on Monday, July 8 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 small group discussions
- ◆ Lead your group in the scheduled clean-up rotation
- ◆ Be a good role model

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
Date of Event:	July 9-11, 2019 and/or July 16-18, 2019
Individual(s) in Charge:	Justin Kelly/Karlene Feidt & Summer BLAST Ministry Team
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 '19 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 9 ____ Tuesday, July 16 ____ Wednesday, July 17 ____
(Please complete Liability Waiver on reverse side and have 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 10 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 9:30 AM.

- Breakfast helpers 7:30—9:30am at the Church. Choose the day(s) you will help:
(actual start and end times may vary)
____ Tues. 9th ____ Wed. 10th ____ Thur. 11th
____ Tues. 16th ____ Wed. 17th ____ Thur. 18th

- Tuesday lunch prep and set-up 10:00 AM—12:30 PM
Tuesday, July 9 ____ Tuesday, July 16 ____

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

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

For July 16-18 ONLY

YOUTH VOLUNTEER INFORMATION AND LIABILITY WAIVER



Office use only

Existing
 New
 Neon

Name (print)*: _____

Address*: _____

City/State/Zip*: _____

Email: _____

Volunteering with school/org/company: Summer BLAST

Optional:
Please answer the following questions

Note- Great River Greening does not disclose your information for personal use. We only report this information as requested by our funders.

Gender	Race: Mark one or more boxes
<input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Male	<input type="checkbox"/> Asian
<input type="checkbox"/> Trans*	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> White/Caucasian
	<input type="checkbox"/> Other: _____

Youth Volunteer Liability Waiver & Photo Release

RELEASE FROM LIABILITY: The undersigned acting as guardian of minor listed above agrees to release Great River Greening and its employees, officers, directors, or agents from any and all liability from claims of any nature whatsoever arising from the named individual's participation at any Great River Greening event.

PARTICIPANT ASSUMES RISK: The undersigned is aware of and understands the inherent risk and dangers associated with a physical activity, and agrees to assume all risk of and responsibility for personal injury or death, or damage to property arising from, based upon, or relating to the participation of individuals named in this form, in the event.

PHOTO RELEASE: Great River Greening is granted permission to photograph the individual named in this form and to use the photograph(s) in its printed publications, on its web site and to submit the photographs to local and national media and other organizations promoting Great River Greening, its volunteers or its mission.

Name of Responsible Adult (Print)* Relationship To Youth*

Signature of Responsible Adult* Date*