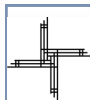
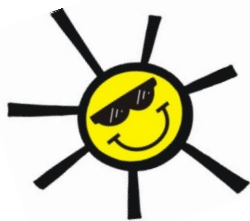


TEEN LEADER FORM



St. Bridget Parish
SUMMER STRETCH -2019

TEEN LEADERS = STUDENTS



High school students play a crucial role supporting the Summer Stretch program.

Teen Leader Responsibilities:

- ◆ Teen Leaders are high school or older students who are growing examples of discipleship in word, faith and action.
- ◆ Teen Leaders are paired with a Co-Leader and assigned a small group of middle school Participants that remains the same each week.
- ◆ Teen Leaders set the tone for the day by welcoming participants into their small groups as they arrive each morning.
- ◆ Teen Leaders encourage participants by developing a sense of team, by providing a successful morning at the service site, and by having fun with participants at the afternoon recreational activities!
- ◆ Teen Leaders attend both morning service projects and afternoon activities.

8am—4:30pm each of these Wednesdays: July 10 , July 17, July 24, July 31 Valley Fair

Are you interested in serving as a **Teen Leader for our Summer Stretch Program of 2019?!**

Who: Students who have **completed 9th-12th** grade this Spring.

Being a Teen Leader has as much to offer you as you have to give. Teen Leaders are crucial for the success of the Summer Stretch program.

Being a Teen Leader:

☀ Provides opportunities for you to gain leadership skills, interpersonal communication skills and interactive problem solving skills, to name a few.

☀ Provides opportunities for you to participate in community service projects, have fun, share your faith, meet great people and make new friends.

☀ As a Teen Leader you are empowered to be a leader and a role model as a faithful disciple of Christ for the middle school participants as well as your peers at all times in words and actions.

◆ **Teen Leader Cost: \$50 fee.**

Registration form and Payment can be turned in at Faith Formation, Youth Group, or the Parish Office

— **Please label it SUMMER STRETCH.**

Checks can be made out to St. Bridget Church.

Use whatever gift you have received to serve others. 1 Peter 4:10



Amy Burns (Youth Minister) aburns@stbparish.com or at
715-425-1879 ext 107. 651-341-9048 (cell)

St. BRIDGET Parish Summer Stretch TEEN LEADER Registration---2019

Student Full Name _____

Name preferred on Nametag: _____

Grade entering Fall '19 _____ School _____ Age _____ Student T-shirt Size _____

Student e-mail _____

Student cell# _____

Parent's Name _____

E-mail _____

E-mail _____

Home Address _____ Home phone _____

Parent's cell # _____ daytime # _____

Parent's cell # _____ daytime # _____

Non-parent emergency contact name & phone number _____

If you have a younger sibling (brother or sister) in the Summer Stretch Program as a participant, do you wish to have him/her in your small group (can't guarantee)? Y N

TEEN LEADER: PLEASE "X" ANY OF DATES YOU KNOW AT THIS TIME YOU WILL BE ABSENT – please specify if you'll be absent the whole day; or if you'll just be missing half of the day and which half: "**A.M.**" or "**P.M.**"

July 10 A.M. ___ P.M. ___ July 17 A.M. ___ P.M. ___ July 24 A.M. ___ P.M. ___ July 31 Valley Fair _____

I/we give permission for my/our child to attend/participate in the activities sponsored by **St. Bridget Catholic Church**. I/ we authorize the adult in charge, into whose care the minor is entrusted, to consent to any medical treatment/hospitalization in the case of an emergency on the advice of a licensed doctor. The undersigned is responsible and agrees to pay all medical costs and expenses in connection with such medical services. The undersigned also gives permission for our/my child to ride in any vehicle designated by the adult in charge. I/we also give permission for my child's picture to appear in the church's newsletters and on the website.

Food Allergies _____ / Other _____

Does your son/daughter carry an EpiPen? Y N

Emotional concerns/ Special health concerns _____

Personal Physician/Clinic _____ Phone Number _____

Insurance Company _____ Phone Number _____

Medications _____ Policy # _____ Insurance ID # _____

Signature of Parent/Guardian: _____ Date: _____

If you have both Participate & Teen Leader – you may write 1 check - and indicate here that you do so;

Payment: _____ \$50.00 Teen Leader
_____ CASH total

TOTAL PAYMENT ENCLOSED \$ _____
CHECK NUMBER: _____