

Give & Grin

SUMMER SERVICE PROGRAM

June 19 & 26, July 17 & 24, August 7

For youth currently in grades 5 – 12!

Typical Day

8:30am – Meet at church for games & prayer

8:45am – Travel to work sites for morning activity

12:00pm – Enjoy a bag lunch at church while sharing what you learned and listening to a speaker

2:00pm – Participate in a fun afternoon activity

4:00-5:00pm – Parent pick-up, board games

Service sites will include Feed My Starving Children, Corpus Christi Vacation Bible School, Corpus Christi Giving Garden, Twin Cities Kids In Need Resource Center, and more!



Fun afternoon activities will include things like roller skating, mini golf, waterpark, Science Museum, Grand Slam, and Valleyfair!

Adult Leaders are always needed to make this program a success!

Give & Grin REGISTRATION

Complete both sides of this registration form and return to Corpus Christi by May 15, 2019. After that, registrations are taken as space allows.

Student Name: _____ Current Grade: _____

Student Cell Phone Number (optional): _____

Student E-mail, if 13 or older (optional): _____

Parent Name: _____ Cell _____

Parent E-mail: _____

Parent Name: _____ Cell _____

Parent E-mail: _____

If currently in grades 9-12, would you like to serve as G&G Mentor? Yes / No

Student *will* attend the following dates:

June 19 __ June 26 __ July 17 __ July 24 __ August 7 __

*Each parent is asked to volunteer at least one day or two half-days **per child**. Half day time commitment is 8:15am-12:15pm. Full day is 8:15am-4pm. You will receive a discount (\$10 for full day, \$5 for half day) for each **extra** day you volunteer.*

Name(s) of parent who will be volunteering: _____

I prefer to volunteer: one full day _____ two half days _____

I would like to volunteer extra days: Yes / No If yes, how many days? _____

How many *total* seatbelts do you have in your vehicle? _____

Please *cross out* any dates that you cannot help and rank the others:

June 19 __ June 26 __ July 17 __ July 24 __ August 7 __

*Liz Russell · 651-846-9216 · liz@ccmn.org
Corpus Christi · 2131 Fairview Ave N · Roseville, MN 55113*

Each youth Give & Grin participant will receive a t-shirt to wear on Give & Grin days. Adult leaders volunteering for at least 3 days will receive a free t-shirt.

Gender	Sizes	XS	S	M	L	XL	2XL	3XL
Men's Chest (Inch)		-	34 - 36	38 - 40	42 - 44	46 - 48	50 - 52	54 - 56
Women's (Size)		0-2	4 - 6	8 - 10	12 - 14	16 - 18	20 - 22	24 - 26
Youth (Size)		2 - 4	6 - 8	10 - 12	14 - 16	18 - 20	-	-

Please indicate the number of shirts for each size:

	XS	S	M	L	XL	2XL	3XL
Men's	---						
Women's							
Youth						---	---



Payment Options

- Give & Grin Registration Fee \$100
- Early Bird Discount of \$10 if registration is received by May 15 - \$___
- Chaperone Discount \$5 x ___ half days \$10 x ___ full days - \$___
- “On the Ball” Discount of \$10 if ALL forms below are completed by May 15 - \$___

- Background Check (complete online at www.virtus.org; include driver check)
- VIRTUS In-Person and Online Training (register online at www.virtus.org)
- Adult Volunteer's Code of Conduct (complete online at www.virtus.org)
- Parent Consent Form and Indemnity Agreement
- Adult Liability Waiver
- Driver's Information Form & Copy of Driver's License
- Photo Release Form
- Media Release Form (if at least 13 years old)

All drivers must watch Safe Driving video online. Link will be sent after registration.

TOTAL **\$_____**

Make checks payable to Corpus Christi.

Requesting Full Scholarship: _____ Requesting Partial Scholarship: _____

FOR OFFICE USE ONLY: Check # _____	Amt \$ _____	Rec'd by _____
------------------------------------	--------------	----------------

Give & Grin

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name _____

Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Work Phone _____ Cell _____

Please indicate dates your child has permission to participate:

Type of Field Trip: *Give & Grin Summer Service Program*

Dates: *June 19 & 26, July 17 & 24, August 7, 2019*

Destination: *Service sites and recreational sites in Twin Cities area. Last minute changes may need to be made due to weather or service site needs. On Aug 7, we will be going to Valleyfair.*

Individual in Charge: *Liz Russell*

Estimated Time of Departure: *8:45am* Return: *4pm (We will return at 8:30pm on Aug 7)*

Mode of Transportation To & From Event: *Private auto, public and private bus*

Student Cost: *\$100 after May 1, \$90 if paid by May 15. Partial and full scholarships available. Discounts available for driving extra days and turning in paperwork early.*

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of Corpus Christi and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Church of Corpus Christi /Archdiocese of St. Paul & Minneapolis 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 the parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name Phone

MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature Date

**FIELD TRIP
LIABILITY WAIVER (ADULT)**

Each adult participant, including group leaders and chaperones, must sign this form.

FIELD TRIP VOLUNTEER RELEASE FORM

Assumption of Risk and Indemnity Agreement

Parish/School: Church of Corpus Christi

Dates of Activity/Field Trip: June 19 & 26, July 17 & 24, August 7, 2019

Description of Activity/Field Trip: Give & Grin Summer Service Program

The undersigned person volunteers to serve as a chaperone for the above-described activity/field trip.

The undersigned, his/her personal representatives, heirs, and assigns, DO HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE Church of Corpus Christi and the Archdiocese of St. Paul/Minneapolis, MN for any and all claims and liability, except for those arising out of the strict liability or negligence of releasee which causes the undersigned injury, death or property damage and further agrees to hold releasee harmless and indemnify releasee from any claim, judgment or expense releasee may incur by participation in the described activity/field trip.

2. UNDERSTAND that participation in the described activity/field trip involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Printed Name Date Signed

Signature

Church of Corpus Christi

2131 Fairview Ave. North, Roseville, MN 55113-5499

Telephone: 651-639-8888 Fax: 651-639-8288

E-Mail: office@churchofcorpuschristi.org Web page: www.churchofcorpuschristi.org

DRIVER'S INFORMATION FORM

Driver

Name _____

Parish/School where you are employed/volunteer: _____

Driver's License Expiration Date _____

Have you had any traffic violations in the last 7 years? (circle one) Yes No

If yes, explain _____

***Please present your driver's license with this form so that it may be copied and kept on file. The Driver's License Number will be blacked out to keep it confidential.**

Vehicle

Name of Owner _____

Address of Owner _____

Year/Make/Model of Car _____

License plate # _____ Expires _____

Passenger Capacity _____ (There must be a useable seat belt for each occupant.)

Note: If more than one vehicle is to be used by this driver, this form must be filled out for each vehicle.

Insurance Information

Insurance Company _____

Policy # _____ Expires _____

Liability Limits of Policy* _____

*Please Note: Minimal, acceptable liability for privately owned vehicles is \$100,000/\$300,000.

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

Signature _____ Date _____

Photo Release

AUTHORIZATION, CONSENT AND RELEASE FOR USE OF VISUAL LIKENESSES AND ORIGINAL WORKS OF MINORS

I authorize and consent that Corpus Christi and the Archdiocese of Saint Paul and Minneapolis be permitted to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever the likeness of My Child and My Child's original work, including video, photographic portraits, pictures, or reproductions, made through any medium, including social or other electronic media, in accordance with the Acceptable Use Policy for Electronic Communications and the Social Media Policy, **provided only the first name (not the family name) is identified if any name is used.** I hereby release Corpus Christi, the Archdiocese of Saint Paul and Minneapolis, and anyone authorized by Corpus Christi or Archdiocese of Saint Paul and Minneapolis with such use.

This consent regarding My Child's likeness or original work is valid for one year.

If I choose to rescind my authorization and consent, I agree that I will inform Corpus Christi in writing and that my rescission will not take effect until it is received by Corpus Christi. I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with knowledge of its significance.

Child's Name: _____

Parent/Guardian Name (please print): _____

Email address: _____

Address: _____

Phone number: _____

Signature of Parent/Guardian: _____ Date: _____

Electronic Communication Release for Youth 13+

CORPUS CHRISTI DISCLOSURE, AUTHORIZATION, CONSENT AND RELEASE FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS

I am the parent or legal guardian of _____ (full name of minor) ("My Child").

I certify that My Child is at least 13 years old.

I have been made aware of the Corpus Christi Acceptable Use Policy for Electronic Communications and the Social Media Policy of Corpus Christi.

I authorize staff or other leaders of Corpus Christi to communicate with My Child electronically, including via social media, text, email and phone in accordance with the Acceptable Use Policy for Electronic Communications. Church Personnel are not required to share non-private communications, such as those sent to youth groups regarding meeting locations or times, or other administrative matters. If any staff or other leaders knowingly communicate privately with a minor as a part of his or her duties for or on behalf of Corpus Christi, reasonable steps must be taken to send to me the same communication content, not necessarily via the same technology.

I acknowledge that to review or receive public communications shared via social media with My Child, I will need to become a fan or follower of the same social media. I understand that communications may be accessible or viewable by others who are also fans or followers of the same social media.

Parent/Guardian Name (please print): _____

Guardian E-mail Address: _____

Guardian Cell Phone Number: _____

Youth Email address: _____

Youth Cell Phone number: _____

Signature of Parent/Guardian: _____ Date: _____