



## **Summer BLAST Youth Ministry Team:**

Christ the King, Laura Gorton, 429-4828  
Redeemer Lutheran, Carol Seilhymmer, 429-5411 x10  
St. Genevieve's, Valerie Noll, 235-8627  
St. Mary of the Lake, Karlene Feidt, 429-8001 x 240  
St. Mary of the Lake, Justin Kelly, 429-8001 x 223

March 20, 2016

Dear Summer BLAST leaders of 2015 and new leader hopefuls,

Thank you for sharing your leadership to bring about the Kingdom of God from the 2016 Summer BLAST participating churches. By training as a junior or senior leader, you were able to build and work on leadership skills. While working alongside over 100 middle school students, you were able to guide our younger students in serving fifteen human service agencies in the Northeast Metro area and the city of St. Paul. This had a huge impact on their lives and yours!

You are proving to be an indispensable part of the BLAST team through continued participation in Summer BLAST. You also work on increasing your skill during the rest of the year through leadership training and other ministry activities at your church and school. You give valuable witness and encouragement to peers, adults, and younger children throughout the year by being involved in the community and living out your Christian calling to love and serve others in Christ's name.

As youth ministry staff of Summer BLAST, we would like to take this opportunity to invite you to prayerfully consider applying for the leadership team of Summer BLAST 2016. This year Summer BLAST will happen July 11-15. This spring we will be selecting one senior leader and one junior leader for each small group registered for Summer BLAST.

Enclosed, you will find your leadership application information. We ask you to carefully fill this out and turn it in to your church's youth minister or Summer BLAST coordinator by May 22, 2016. The Summer BLAST youth ministry staff will prayerfully review the applications and select this year's leadership team from amongst them. You will receive a letter in late May informing you if you were accepted for the leadership team of Summer BLAST 2016.

Thank you, and may God Bless you in your leadership quest,

The Summer BLAST Youth Ministry Staff of 2016

## 2016 Summer BLAST Teen Leadership Application

We are in need of Summer BLAST group leaders-are you ready to serve God?

Energetic, compassionate group leaders to help give middle school youth the opportunity to serve our community. Each day, you will be responsible for leading a group of 8-10 youth in service and fellowship. The day will be filled with fun, excitement, and prayer.

In order to be considered as a possible Summer BLAST Leader, all leaders must:

Look here!

- Attend the training day, Thursday, July 7 from 1-5 p.m. at St. Mary's Parish Life Center (School)
- Be present from 8 am - 4:30pm every day of Summer BLAST, July 11-15

### Summer BLAST '16 Leader Registration Form

Name\_\_\_\_\_ Grade completed\_\_\_\_\_ Age on 7/11/16\_\_\_\_\_

Address\_\_\_\_\_

Cell Phone:\_\_\_\_\_ Email\_\_\_\_\_

Home phone\_\_\_\_\_ Church\_\_\_\_\_

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

\_\_\_\_\_ I have completed 9<sup>th</sup> or 10<sup>th</sup> grade **OR** completed 11<sup>th</sup> or 12<sup>th</sup> grade, but have never participated in Summer BLAST before, and have included \$55 with this registration - Jr. Leader.

\_\_\_\_\_ I have completed 11<sup>th</sup> or 12<sup>th</sup> grade and have participated in Summer BLAST before – Sr. Leader.  
(No Fee)

\_\_\_\_\_ I intend to go to Valleyfair on July 27 and have included \$35. (This is for all leaders.)

### **REMEMBER!**

**The more BLASTERS we have, the more leaders we will need.  
Encourage middle schoolers to sign up!**

Please prayerfully fill out this application to the best of your ability. Please take this seriously; we will be using this information to determine the candidates best fitted to be leaders.

**\*\*\*You can register online! Use our QR Code or visit the website below.\*\*\***

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



**In a few sentences, reflect on 3 of the 4 bullet points:**

- I feel that I can contribute to the Summer BLAST team by using my leadership skills such as...
- I am currently working on improving the following leadership skills...
- I have held leadership positions (in church, school or elsewhere) and/or have participated in other activities which will help me be a better leader because...
- I want to be a leader for Summer BLAST because...

[illegible]

To be eligible as a leader, return by May 22:      **NO LATE APPLICATIONS WILL BE ACCEPTED**

- ☐ Registration form
- ☐ Waiver
- ☐ Leader application
- ☐ Payment. Make checks payable to Summer BLAST.

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 11-15, 2016	July 27, 2016
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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## Summer BLAST Calendar 2016

<b>Date</b>	<b>Time</b>	<b>Location</b>	<b>Event and Emergency Phone Numbers</b>
<b>Sunday, May 22</b>		Your home church	On-time registration deadline
<b>Monday, June 6</b>		Your home church	Late registration, additional \$20 late fee. Absolutely no registrations will be accepted after today!
<b>Thursday, July 7 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 11</b>	8:45 AM-4:30 PM	Christ the King 1660 Birch Lake Ave. 429-4828	Sky Zone 651-243-9988 Bring a lunch.
<b>Tuesday, July 12</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 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>Thursday, 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	Nickelodeon Universe 952-883-8800 Bring a lunch.
<b>Friday, July 15</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 27</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

Please complete this required waiver for Sky Zone.

It may be completed online at <http://www.skyzone.com/stpaul/Online-Waiver/WaiverType/NoPaper>



### Participant Agreement, Release and Assumption of Risk (The Agreement) – Sky Zone St. Paul

Please print and fill out highlighted areas completely or complete electronically at [www.skyzone.com/stpaul](http://www.skyzone.com/stpaul)

Must be completed for participants under the age of 18 (Print up to three names/birthdates below of children of the SAME parent or legal guardian):		
Participant 1: Print First Name	Print Last Name	Birthdate
Participant 2: Print First Name	Print Last Name	Birthdate
Participant 3: Print First Name	Print Last Name	Birthdate

In consideration for gaining access to 595 Hale Ave. N. Oakdale, MN 55128, the "Location" and engaging the services of Accretio, LLC, or any other location within the state of Minnesota, d/b/a Sky Zone Indoor Trampoline Park, RPSZ Construction, LLC, Sky Zone Franchise Group, LLC, Sky Zone, LLC, their agents, owners, officers, directors, representatives, assigns, affiliates, volunteers, participants, employees, insurers, and all other persons or entities acting in any capacity on their behalf, (herein after collectively referred to as "SZITP"), I on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives, estate, and insurers, agree as follows:

\_\_\_\_\_(Initial Here) I acknowledge that my participation in SZITP trampoline games or activities entails known and unanticipated risks that could result in physical or emotional injury including, but not limited to broken bones, sprained or torn ligaments, paralysis, death, or other bodily injury or property damage to myself my child(ren), or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I expressly agree and promise to accept and assume all of the risks existing in this activity. My and/or my child(ren)'s participation in this activity is purely voluntary and I elect to participate, or allow my children to participate in spite of the risks. If I and/or my child(ren) are injured, I acknowledge that I or my child(ren) may require medical assistance, which I acknowledge will be at my own expense or the expense of my personal insurer(s). I hereby represent and affirm that I have adequate and appropriate insurance to provide coverage for such medical expense. I UNDERSTAND AND AGREE THAT SZITP WILL NOT PAY FOR ANY COST OR EXPENSES INCURRED BY ME IF I AND/OR MY CHILD ARE INJURED UNLESS SUCH INJURY WAS CAUSED BY GREATER THAN ORDINARY NEGLIGENCE OF SZITP. In consideration of SZITP allowing my participation in trampoline games or activities, I for myself and on behalf of my child(ren) and/or legal ward, heirs, administrators, personal representatives, or assigns, do agree to hold harmless, release and discharge SZITP of and from all claims, demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to SZITP's ordinary negligence; and I, for myself and on behalf of my child(ren) and/or legal ward, heirs, administrators, personal representatives, or any assigns, further agree that except in the event of SZITP's gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against SZITP for any economic and non-economic losses due to bodily injury, death, property damage sustained by me and/or my minor child(ren) that are in any way associated with SZITP trampoline games or activities. Should SZITP or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this Agreement, I for myself and on behalf of my child(ren), and/or legal ward, heirs, administrators, personal representatives or assigns, agree to indemnify and hold them harmless for all such fees and costs.

\_\_\_\_\_(Initial Here) I certify that I am physically able to participate and that my child(ren) is/are physically able to participate in all activities at the Location without aid or assistance. I further certify that I am willing to assume the risk of any medical or physical condition that I and/or my child(ren) may have. I acknowledge that I have read the rules, (the "SZITP Rules") governing my and/or my child(ren)'s participation in any activities at the Location. I certify that I have explained the SZITP Rules to the child(ren) listed in this waiver. I understand that the SZITP Rules have been implemented for the safety of all guests at the Location, including myself and/or my child(ren). I acknowledge that failure to follow the rules could result in the expulsion of myself and/or my child(ren) from the Location. I, for myself and on behalf of my child(ren) and/or legal ward heirs, administrators, personal representatives, or assigns, agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. If there are any disputes regarding this agreement, I on behalf of myself and/or my child(ren) hereby waive any right I and/or my child(ren) may have to a trial and agree that such dispute shall be brought within one year of the date of this Agreement and will be determined by binding arbitration before one arbitrator to be administered by JAMS pursuant to its Comprehensive Arbitration Rules and Procedures in effect at the time of the alleged injury or damage. I further agree that the arbitration will take place solely in the state of Minnesota and that the substantive law of Minnesota shall apply. If, despite the representations made in this agreement, I or anyone on behalf of myself and/or my child(ren) file or otherwise initiate a lawsuit against SZITP that is found to violate the terms of this Agreement, in addition to my agreement to defend and indemnify SZITP, I agree to pay within 60 days liquidated damages in the amount of \$5,000 to SZITP. Should I fail to pay this liquidated damages amount within the 60 day time period provided by this Agreement, I further agree to pay interest on the \$5,000 amount calculated at 12% per annum.

I further grant SZITP the right, without reservation or limitation, to videotape, and/or record me and/or my child(ren) on closed circuit television.

I further grant SZITP the right, without reservation or limitation, to photograph, videotape, and/or record me and/or my child(ren), by any available means and to use my or my child(ren)'s name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials. I would like to receive free email promotions and discounts to the email address provided below. I may unsubscribe from emails from Sky Zone at any time.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SZITP on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I understand this Agreement and I voluntarily agree to be bound by its terms.

I further certify that I am the parent or legal guardian of the child(ren) listed above on this Agreement or that I have been granted power of attorney to sign this Agreement on behalf of the parent or legal guardian of the child(ren) listed above.

**Parent/Legal Guardian/Participant' Signature (if 18 or older)**

**Date:**

Parent/Guardian/Participant (if over 18): Print First Name		Print Last Name		Birth date	
Print Street Address		Apt. #	Print City	Print State	ZIP
Cell Phone	Emergency Contact Number			Email	

☐ Check box if you would not like to receive free email promotions and discounts to the email address provided above, I may unsubscribe from emails at any time.

Waiver accepted by \_\_\_\_\_ (SZITP Employee)