

Greetings in the Lord!

Pastor Prin and I are excited to do another summer of John 1516teens. We have a lot of fun activities planned, along with some amazing service projects that benefit some great organizations and missions.

This packet will give the information for the program, and will also contain the various permission forms and information that we will need to conduct the program. This year, occupancy is limited, so please get your fully completed forms AND payment to either Pastor Kooi, or Pastor Prin, to get your spot reserved in the program.

To have a completed form, you will need...

- A signed page 3 from both parent and child(ren), along with your lunch and shirt choice
- A signed medical and permission form
- A signed Zero Gravity Waiver
- Payment (checks can be made to Bethel Lutheran Church; in the memo line, please put the name of the child)

### **Schedule**

This year, we will only be doing three Tuesdays. We will be having events on June 15, 22, and 29, with a rain date on July 6, 2021. Below are our service projects and social events.

- June 15: Service Day at Trinity First Lutheran School in Minneapolis, and Zero Gravity in Mounds View (To participate in this, you MUST have the Zero Gravity form filled out).
- June 22: Global Health Ministries and Movie at Marcus Cinemas in Oakdale (Popcorn and drink is included; other concessions are extra).
- June 29: Feed My Starving Children and Bunker Beach Water Park (If we are unable to do this because of inclement weather, we have an indoor event planned, and will do a "make-up" day on July 6, 2021).

### **COVID-19 Precautions**

To honor the requests and guidelines of the CDC and MDH, we will ask that students mask indoors and practice social distancing. For service projects and social events, we will follow the guidelines of each place, which will vary from place to place. On the bus, we will also have one child per seat.

### **Cost and What Is Included**

The cost for the program this year will be \$50 per child. Included in this will be...

- John 1516teens T-shirt

- Lunch for every week
- Admission to every social event
- Transportation to every event via bus

\*\*\*We are not able to prorate the cost if events are missed, or unable to be attended.\*\*\*

### Rules

John 1516teens operates the following philosophy: “When we play, we play. When we serve, we serve. When we worship, we worship.” When we serve, play, and worship, we want to give it our all.

To help with that, and to make the program as enjoyable as it can be for everyone, we will ONLY allow cell phones on the BUS, at LUNCH, and at the SOCIAL EVENTS. If we see phones used at service projects, we will ask for it to be put away. After the second infraction, we will contact you to pick up your child. Cell phones are a hindrance to serving, play, and worship.

### Lunch

Listed below will be the lunch options for every week. Please check what you would like for lunch for the following weeks.

- June 15: Pizza (Please select which type of pizza you would like; choose only ONE)
  - Pepperoni \_\_\_\_\_
  - Cheese \_\_\_\_\_
  - Sausage \_\_\_\_\_
- June 22: McDonalds (Please select which meal you would like; choose only ONE)
  - Hamburger and fries \_\_\_\_\_
  - Cheeseburger and fries \_\_\_\_\_
  - Chicken McNuggets and fries \_\_\_\_\_
  - Drink (Coke, Diet Coke, Sprite, Dr. Pepper, Orange Hi-C) \_\_\_\_\_
- June 29: Pizza (Please select which type of pizza you would like; choose only ONE)
  - Pepperoni \_\_\_\_\_
  - Cheese \_\_\_\_\_
  - Sausage \_\_\_\_\_

### T-Shirt Sizes

Please indicate the T-Shirt size your child(ren) would like

- Small: \_\_\_\_\_
- Medium \_\_\_\_\_
- Large \_\_\_\_\_
- X-Large: \_\_\_\_\_
- 2X-Large: \_\_\_\_\_

**Pick-up and Drop-off**

We will start each day at 8:30 a.m. at Bethel Lutheran Church, on W 670 Wheelock Pkwy, in St. Paul. You can drop your child(ren) off as early as 8:15 a.m., and we ask that they arrive no later than 8:30 a.m.

For pick-up, it is ALWAYS done at BETHEL; there are no exceptions. Also, your child(ren) can only go home with the people listed on the following form. If they are not listed on the form, they are not able to depart with them. Any pick-up changes need to be done PRIOR to drop-off.

Signatures

Both parent and child(ren) need to sign below to communicate that...

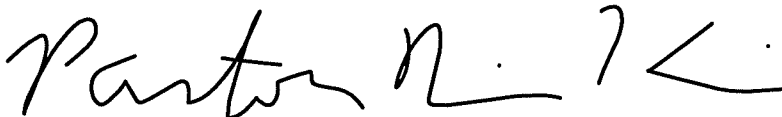
- They understand the cell phone rules, and will abide by our philosophy.
- They understand the drop-off and pick-up rules.
- They understand that COVID precautions vary place to place, and that they will be abide by them.

X \_\_\_\_\_  
Parent

x \_\_\_\_\_  
Child

If you have any additional questions, or need more information, please feel free to contact me at [pastornkooi@gmail.com](mailto:pastornkooi@gmail.com) or 651-424-6294. I look forward to having your child(ren) join us as we have another summer where we serve and play in Jesus' name.

Yours in Christ,



Pastor Nick Kooi

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# John 1516teens Permission Slip

## PERMISSION SLIP AND EMERGENCY FORM

Please complete this form that will accompany your child(ren) for every event, both service and social. No child(ren) will be allowed to participate without this form being complete and signed by the parent or guardian. The information on this form is considered confidential and will accompany Pastors Kooi and Prin for every event.

Permission is granted for:

(Name of Child(ren) PLEASE PRINT)

To participate in JOHN1516teens service projects and social events on June 15, 22, and 29, 2021.

### PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Address:

Phone #:

Emergency Phone #:

Please provide the information requested below, as it may be needed in case of an emergency. This information does not modify the information on the emergency card.

Student's Date of Birth

Allergies:

Conditions requiring special consideration (medical/physical):

Does your student require: (A) **Epipen** Yes  No  If yes, will your child(ren) have it with? Yes or No?  
(B) **Inhaler** Yes  No  (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration):

**TO ANY DOCTOR OR HOSPITAL:** I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

### HEALTH INSURANCE INFORMATION:

Company Name:

Policy #:

Group #:

Parent/Guardian Name:

Date:

(PLEASE PRINT)

Parent/Guardian Signature:

Below, please write the name(s) and phone number of those your child(ren) may leave with at pick-up time. Your child will ONLY be allowed to leave them. If there is any change, it MUST be told to Pastor Kooi OR Pastor Prin PRIOR to DROP-OFF.

**RELEASE OF LIABILITY, ASSUMPTION OF RISK,  
INDEMNIFICATION AND WAIVER AGREEMENT**

I, (PARTICIPANT or PARENT), on behalf of myself or my minor child, my heirs, executors, administrators and assigns, release, waive, discharge and covenant not to sue Zero Gravity Trampoline Park, LLC ("Zero Gravity"), its owner, officers, governors, contractors, agents and employees and agree to hold it harmless from all liability for its negligent acts or omissions resulting from any participation in trampoline court activities, laser tag, or other amusement activities, known or unanticipated, that result in physical or emotion injury, paralysis, death or damage to myself, to my minor child, or to our property.

I acknowledge on behalf of myself or my minor child that the activities and services offered by Zero Gravity are inherently dangerous and may cause injury or damage. I am assuming on behalf of myself or my minor child all risk of personal injury, death or disability which may result from participation or use of Zero Gravity's facilities or activities. This Release, Assumption of Risk, Indemnification, and Waiver specifically extends to the use of trampolines, laser tag, and other equipment and the premises of Zero Gravity and includes any claim for strict liability arising out of the use of such trampolines, laser tag, or equipment. I certify that I have adequate health insurance to cover any injury or damage caused to me or my minor children, or else I agree to personally bear the cost of such injury or damage.

I agree that this Agreement extends forever into the future and covers any visit for which this Release, Assumption of Risk, Indemnification, and Waiver applies as well as any return or repeat visits by either myself or my minor child in the future. I agree to defend, indemnify and hold Zero Gravity harmless from any and all losses, liabilities, claims, damages or other financial harm incurred by Zero Gravity, including reasonable attorneys' fees, as a result of any actions of myself or my minor child as well as any injury or damage caused to any other person during my participation and activities at Zero Gravity.

I hereby authorize and consent to the use of my voice, photograph and likeness as well as that of any minor child covered by this Agreement by Zero Gravity without reservation or limitation. I agree to receive no compensation for this use, and property rights to any photographs or video material produced or prepared by Zero Gravity shall vest in and remain with Zero Gravity. The waiver and release included in this Agreement shall extend to the use of voice, photograph or likeness covered by this paragraph.

I UNDERSTAND THAT BY EXECUTING THIS AGREEMENT I AM GIVING UP ANY RIGHT TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST ZERO GRAVITY FOR ITS NEGLIGENCE OR FOR ANY DEFECTIVE PRODUCT ON ITS PREMISES. THIS RELEASE, ASSUMPTION OF RISK, INDEMNIFICATION, AND WAIVER AGREEMENT SHALL BE CONSTRUED UNDER THE LAWS OF THE STATE OF MINNESOTA.

**PARENT OR ADULT PARTICIPANT'S INFORMATION:**

Print Name of Parent \_\_\_\_\_ Parent's Date of Birth:   /   /      
(mm/dd/yyyy)

Signature of Participant OVER 18 and/or PARENT of minor \_\_\_\_\_

**CHILDREN'S INFORMATION:**

Print Name of Child \_\_\_\_\_ Date of Birth:   /   /     
(mm/dd/yyyy)

Print Name of Child \_\_\_\_\_ Date of Birth:   /   /     
(mm/dd/yyyy)

Print Name of Child \_\_\_\_\_ Date of Birth:   /   /     
(mm/dd/yyyy)

Print Name of Child \_\_\_\_\_ Date of Birth:   /   /     
(mm/dd/yyyy)

Optional Email: \_\_\_\_\_