St. Sebastian Parish Youth Ministry
Summer Service Camp (SSC) – Grades 6, 7, & 8
August 3-7, 2026

July 13, 2026

Dear Parents,

I hope you are enjoying a safe and fun filled summer! St. Sebastian Parish Youth Ministry has planned a Summer Service Camp for the week of August 3-7. Students entering grades 6, 7, and 8 in the fall are invited to attend.

Students may choose which activities they want to participate in. Look over the camp schedule and encourage your youth to participate! This is a great way to get a head start on service hours needed for Junior High School. It is also a great opportunity for students to reconnect before school resumes in August and make friends in the youth ministry program.

We look forward to an exciting week of Summer Service Camp! Enclosed in this packet are the following:

1. SSC Event Calendar → Keep this at home so you know the info for each activity (pages 2-4)

Forms to be filled out and returned to the parish office and marked "Youth Ministry SSC:"

2. Permission & Consent Form (Page 5)
3. Permission, Release, & Authorization to Seek Medical Treatment (pages 6-8)
4. Parent / Adult Volunteer Form (page 9)
5. Driver Acknowledgement Form - *only if you volunteer to drive* (page 10)
6. Akron-Canton Regional Food Bank Information for registering online

Please make checks payable to St. Sebastian Parish (Memo: SSC) for the events that require payment. One check can be written for all the chosen activities.

Deadline for Forms for the 2026 SSC is Sunday, July 26th.

Questions? Email Mallory Palagyi: palagyim@stsebastian.org

SSC Event Calendar:

Monday, August 3, 2026

Blanket Making for Homeless Shelter **No Cost**
Time: 9:00AM – 12:00PM

We will meet at Byrider at **9AM** to make no-sew tie-blankets to donate to a homeless shelter. We are in need of donations of fleece blanket material. If you, or anyone you know, is willing to purchase material or has any on hand to donate, please bring it to the parish office with a note for Mallory Palagyi and the Summer Service Camp. The ideal material size is 40 inches or wider (most are around 54-60 inches) by 60 inches. Email Mallory Palagyi at palagyim@stsebastian.org with any questions.

Pack a lunch for our park picnic.

Nature Realm & Handel's **Bring money for ice cream**
Time: 12:00PM – 3:00PM

We will then drive over to Nature Realm for a picnic, followed by a hike in the park. After the hike, we will stop by Handel's (2935 W Market St) for some well-deserved ice cream! Be sure to pack a lunch, bring a water bottle, and bring your own money for ice cream. We will come back to Byrider at **3:00PM** for pickup.

Adult drivers and volunteers are needed for the entire day.

Tuesday, August 4, 2026

Akron-Canton Food Bank **No Cost**
Time: 8:30AM – 11:30AM

We will meet at Byrider at **8:30AM** and depart for the Akron-Canton Food Bank. There is an online registration through the Akron-Canton Food Bank that must be filled out by every youth and adult who are volunteering. Upon registration for the Summer Service Camp, you will be emailed a link to the youth and adult volunteer registration for the food bank. The last page of the packet will also have the information and instructions directly from the Food Bank.

Be sure to dress according to the weather. It is best to dress in layers as temperatures in the warehouse fluctuate. The warehouse is not air conditioned/heated, so dress accordingly - modest attire, please. **Due to safety reasons, sandals, flip-flops, and open-toe shoes are not permitted in the warehouse–make sure your feet are completely covered!** Comfortable shoes are recommended as you may be on your feet the entire time. Bring a water bottle!

Adult drivers and volunteers are needed.

Akron Zoo **$6.50 Student**
Time: 12:00PM – 3:00PM **$9.50 Adult**

We will go directly to the Akron Zoo from the food bank. Food is available in the park or you can pack a lunch. If you plan on buying food in the park, please bring money for food. We will be back at Byrider at **3:15PM for pick-up**.

Adult drivers and volunteers are needed for the entire day.

Wednesday, August 5, 2026

Good Samaritan Hunger Center **No Cost**
Time: 10:00AM – 12:00PM

Please note the time difference! We will meet at the Byrider Large Room at **10AM** to help the Good Samaritan Hunger Center. We will be making Buckeye Boxes and helping with gardening.

Adult volunteers are needed.

Picnic in the Park **No Cost**
Time: 12:00PM – 3:00PM

Pack a lunch and get set for some fun in Schneider Park! Pick up is at **3PM** at Byrider.

Adult volunteers are needed.

Thursday, August 6, 2026

Akron-Canton Food Bank **No Cost**
Time: 8:30AM – 11:30AM

We will meet at Byrider at **8:30AM** and depart for the Akron-Canton Food Bank. There is an online registration through the Akron-Canton Food Bank that must be filled out by every youth and adult who are volunteering. Upon registration for the Summer Service Camp, you will be emailed a link to the youth and adult volunteer registration for the food bank. The last page of the packet will also have the information and instructions directly from the Food Bank.

Be sure to dress according to the weather. It is best to dress in layers as temperatures in the warehouse fluctuate. The warehouse is not air conditioned/heated, so dress accordingly - modest attire, please. **Due to safety reasons, sandals, flip-flops, and open-toe shoes are not permitted in the warehouse–make sure your feet are completely covered!** Comfortable shoes are recommended as you may be on your feet the entire time! Bring a water bottle!

Adult volunteers are needed.
We can only have 14 kids and parents total help on this day. Spots are reserved by turning in all of the forms and will be done on a first come first serve basis. An email will be sent out on July 29th to both those who will be coming, and those who are not coming. Sorry for any inconvenience. Kids are welcome to come at 12PM to participate in just the water fun!

Picnic and Water Fun! **No Cost**
Time: 12:00PM – 3:00PM

We will have a picnic outside on campus and then play a bunch of outdoor water games! Please bring a swimsuit to wear. Girls can wear a one piece swimsuit with shorts and boys can wear swim trunks with a t-shirt. Please bring a change of dry clothes to change into after the water fun if they do not want to go home wet. Be sure to bring a towel, water bottle, and packed lunch.

Adult volunteers needed!

Friday, August 7, 2026

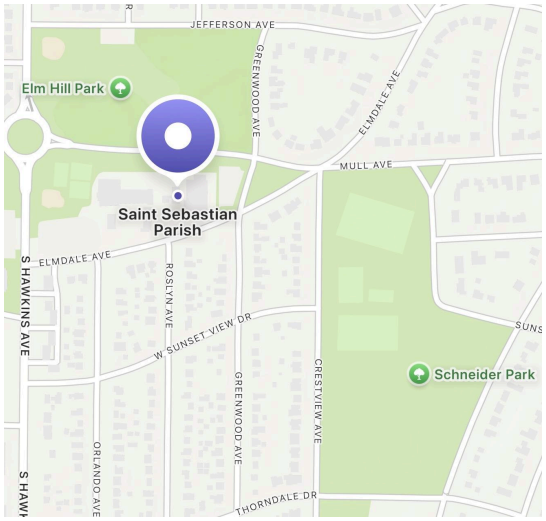
Keep Akron Beautiful **No Cost**
Time: 9:00AM – 12:00PM

We will meet at Byrider Hall at 9AM. We will walk around the neighborhood and parks by St. Sebastian Parish and do trash clean up. The map below shows the area we have been assigned to clean up. All the supplies will be provided. Please dress modestly and according to the weather. Make sure to bring a water bottle.

Adult Volunteers are needed.

Pizza Party, Popsicles, and Open Gym **Cost: $2**
Time: 12:00PM – 3:00PM

Following trash cleanup, we will return to Byrider Hall for a pizza party and open gym. The $2 will help cover the pizza, chips, and popsicles for the kids. Pickup will be at 3:00PM at Byrider.



St. Sebastian Youth Ministry
Summer Service Camp
Permission & Consent Form

I, _____, give my permission for my child _____
Name of Parent/Guardian (circle one) *Student's Name*
to attend the Junior High Summer Camp during the week of August 3-7, 2026, for the activities on the days & time that I have indicated on this consent form:

Please mark which events your child will be attending!

Monday, August 3rd
_____ Blanket Making
9:00AM – 12:00PM
_____ Nature Realm & Handel's
12:00PM – 3:00PM

Tuesday, August 4th
_____ Akron-Canton Food Bank
8:30AM – 11:30AM
_____ Akron Zoo
12:00PM – 3:00PM

Wednesday, August 5th
_____ Good Samaritan Hunger Center
10:00AM – 12:00PM
_____ Picnic
12:00PM – 3:00PM

Thursday, August 6th
_____ Akron-Canton Food Bank
8:30AM – 11:30AM
14 total allowed. 1st come 1st serve
_____ Picnic and Water Fun
12:00PM – 3:00PM
Kids can come at 12PM just for water fun!

Friday, August 7th
_____ Keep Akron Beautiful
9:00AM – 12:00PM
_____ Pizza Party & Open Gym
12:00PM – 3:00PM

In the event of an accident or injury, I will not hold St. Sebastian Parish, Father Valencheck, Father Joseph, or any adult Youth Ministry advisor/chaperone is liable.

By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and I am authorized to grant such permission.

_____
Signature Date

_____
Print name

ST. SEBASTIAN AKRON PARISH

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT

(MINORS)

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Activity: St. Sebastian Parish Youth Ministry Summer Service Camp for Grades 6, 7, & 8

Starting Date / Time: August 3 / 9AM **Ending Date / Time**: August 7 / 3PM

Locations: St. Sebastian Parish, Byrider Hall, Nature Realm, Handel's, Akron-Canton Food Bank, Akron Zoo, Good Samaritan Hunger Center, Schneider Park, streets/area nearby St. Sebastian (map in packet)

Transportation: Volunteer Drivers, Walking

Activities Involved (specify nature of activities): Making blankets, picnics, hiking in Nature Realm Park, ice cream at Handel's, sorting food and helping at Akron-Canton Food Bank, walking around Akron Zoo, making Buckeye Boxes and food bags for the homeless, playing sports and games in nearby parks and Byrider gym, playing water games outside, walking the neighborhood near St. Sebastian Parish and in Schneider Park and Elm Hill Park and picking up trash.

Contact person: Mallory Palagyi **Telephone No. or Email**: palagyim@stsebastian.org

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I, the parent or lawful guardian of _____ (the "child"), give permission for my child to participate in the activity described above (the "Activity") sponsored by St. Sebastian Parish (the "Parish"). In exchange for and in consideration of the opportunity for my child to participate in the Activity, I agree to the following:

1. **Activity**. I understand what is involved in the Activity and acknowledge that I have had the opportunity to ask questions regarding the scope and nature of the Activity. I further understand that my Child's participation in the Activity is purely voluntary and is a privilege.

2. **Risks of Participation and Assumption of Risk**. I recognize the possibility and risk of injury associated with my child's participation in the Activity, which may include, but is not limited to, bodily injury, psychological injury, further injury by medical treatment, and/or death. I further recognize the possibility and risk of such injuries resulting from exposure to or infection by COVID-19 or other communicable diseases in connection with my child's participation in the Activity and that such exposure or infection may result in my or my child's or other family members' exposure to or infection of COVID-19 or other communicable diseases. I understand that the types of injuries listed above can occur for any number of reasons which are both foreseeable and unforeseeable and which may include, but are not limited to, my child's own actions or inaction, the actions or inaction of others (whether negligent, intentional, or otherwise), and equipment failure. I, on behalf of my Child and myself, agree to my Child's participation in the Activity in spite of the risks. My spouse and I assume, for ourselves and on behalf of our minor child(ren), all risks in connection with my child's participation in the Activity.

3. **Parish Rules**. I understand and agree that my child will be required to follow the Parish's rules and cooperate with the person(s) in charge of the activity. My minor child and I agree to follow and comply with all safety protocols and procedures related to COVID-19 or other communicable diseases that the Parish has adopted or may adopt and which the Parish may from time to time amend.

4**. Photograph/Media Permission**. I consent and grant permission for the Parish and/or its agents to photograph, audio record, video or otherwise record my minor child's name, image, likeness, spoken words, in any form (the "Recordings"), and to use, display, publish, or distribute the Recordings, or any part thereof, for any lawful use including, without limitation, on the Parish's bulletin boards, social media, website, print and electronic media, marketing publications, public relations and communications materials and/or presentations, and any other uses as may not be contemplated herein, without further notice or compensation, and I agree that the Recordings shall constitute the sole property of the Parish.

5. **Release**. To the fullest extent allowed by law, I, on behalf of myself, my spouse, my minor child, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, hold harmless and indemnify the Parish, the Catholic Diocese of Cleveland, the Bishop / Administrator of the Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers ("Released Parties") forever from and against any and all claims, lawsuits, damages, judgments, expenses including attorney's fees, liabilities (of any nature or extent), demands, damages, cause of action of any nature and kind, known or unknown, which in any way arise out of or relate to (1) the Recordings and use thereof; and (2) my child's participation in the Activity (including without limitation any injury, loss, or damage to my child's person or property), whether foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person).

6. **Medical Insurance**. I understand that it is my responsibility to carry appropriate medical insurance for my child and that such is not the responsibility of any other person or party, including, without limitation, the Parish or the Diocese of Cleveland.

7. **Medical Authorization**. In the event reasonable attempts to contact me at the number listed below have been unsuccessful, I hereby authorize any of the staff, employees, volunteers, agents and/or representatives of the Parish to provide for, seek, and authorize medical treatment for my child in the case of illness or accident from the closest and most appropriate licensed medical practitioner or hospital available. I understand that this authorization does not cover major surgery unless the medical opinions of two licensed physicians/dentists concurring in the necessity for such surgery are obtained for the performance of such surgery.

8. **Miscellaneous**. To the fullest extent allowed by applicable law, the Agreement shall be binding upon and inure to the benefit of the parties and their respective heirs, administrators, personal representatives, executors, successors and assigns. I, on my behalf and on behalf of my minor child, have the authority to release the Claims.This Agreement constitutes the entire agreement between the parties and supersedes any and all prior oral or written agreements or understandings between the parties concerning the subject matters of this Agreement. This Agreement may not be altered, amended or modified, except by a written document signed by both parties. The Released Parties, to the extent they are not parties to this

agreement, are intended to be third party beneficiaries. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: ___ /___ /_____

Home Address: _____ City: _____ Zip: _____

Parent or Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Phone No. (cell): _____ ; (other Phone No.): _____

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Medical Information — Completed by Parent or Guardian — Please Print

Child's Name: _____ Birth date: ___ /___ /_____

Allergies: _____

Medications: _____

Chronic Conditions (e.g. epilepsy, diabetes): _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. (h) _____ (w) _____

Member's Birth date ____/_____ /_____

Family Doctor _____ Phone No._____

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Summer Service Camp 2026

August 3rd – 7th, 2026

Parent / Adult Volunteer Form

Where would you like to help?
Refer to the calendar for dates, times & locations

Please print:
Name: _____
Phone number: _____
Email: _____

Please return by July 26th with your Student's forms. Thank you for your help! Please email if you have any questions. Mallory Palagyi - palagyim@stsebastian.org

Monday, August 3rd
Blanket Making
Time: 9:00AM – 12:00PM
_____ Chaperone

Nature Realm & Handel's
_____ Drive and Chaperone

Tuesday, August 4th
Akron-Canton Food Bank
Time: 8:30AM – 11:30AM
_____ Drive and Chaperone

Akron Zoo
Time: 12:00PM – 3:15PM
_____ Drive and Chaperone

Wednesday, August 5th
Good Samaritan Hunger Center
Time: 10:00AM – 12:00PM
_____ Chaperone

Picnic
Time: 12:00PM – 3:00PM
_____ Chaperone

Thursday, August 6th
Akron-Canton Food Bank
Time: 8:30AM – 11:30AM
_____ Chaperone

Picnic and Water Fun!
Time: 12:00PM – 3:00PM
_____ Chaperone

Friday, August 7th
Keep Akron Beautiful
Time: 9:00AM – 12:00PM
_____ Chaperone

Pizza, Popsicles, & Open Gym
Time: 12:00PM – 3:00PM
_____ Chaperone

If you are offering to drive for an event, please complete page 10 and turn it in with your student's forms

DRIVER ACKNOWLEDGEMENT FORM

Please attach a photocopy of your driver's license and insurance card to this acknowledgment form.

Driver's Name

Name: _____ Date of Birth: _____

Address: _____

Vehicle that will be used

Name of Owner: _____

Address of Owner: _____

Year and Make: _____ License Plate: _____

If more than one vehicle is to be used, the above information must be provided for each vehicle.

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, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport youth (minimum bodily injury liability coverage limits of $100,000 per person / $300,000 per occurrence; and minimum property damage coverage of $50,000 (or a Combined Single Limit of $300,000)). I certify that I hold a valid driver's license which is not revoked or suspended. I certify I am the owner of the vehicle to be used for this Activity, or have the permission of the owner of the vehicle to use the vehicle for this Activity. Additionally, I agree that I will not make unauthorized stops, will not use a cell phone while driving (whether hand held or hands free), and that I will comply with all applicable laws and regulations and require passengers in my vehicle to be properly restrained by a seatbelt or car seat.

Signature: _____

Date: _____

FOR PARISH/SCHOOL/DIOCESE USE

Photocopy the Driver's valid driver's license, and valid automobile insurance card for the car being used in this Activity, and attach those copies to this Driver Information form. Verify that the liability limits on the Driver's automobile insurance card are at least $100,000/$300,000 for bodily injury liability and $50,000 for property damage (or a combined single limit of $300,000).

FOOD BANK

After registering for the Summer Service Camp, an email will be sent to you with a link to the volunteer applications, which need to be filled out by JULY 30TH!

We are scheduled to work on

- **Tuesday, August 4, from 9 - 11:30AM (Akron campus)**
- **Thursday, August 6 from 9 - 11:30AM (Akron campus)**

Before volunteering with us, EACH individual volunteer will need to complete an online volunteer application. If a participant has volunteered in the past 3 years, they will not need to complete a new volunteer application.

PLEASE COMPLETE A VOLUNTEER APPLICATION – If you have not volunteered with the Foodbank in the past 3 years, please complete a volunteer application.

Adult Volunteer Application
Youth Volunteer Application **(children must be at least 10 years old to participate**)

Preparing for your visit, Akron Main Campus:
The Akron-Canton Regional Foodbank's Main Campus is located at 350 Opportunity Pkwy in Akron, at the corner of Dart Avenue and Opportunity Parkway off of OH-59 near Downtown Akron.

- Volunteer parking is located in the **Blue Lot**, which should be accessed via **Entrance A** on Dart Avenue. Please use this entrance rather than entering from Opportunity Parkway.
- Dart Avenue is a one-way street. Depending on your route, you may need to circle the block to reach it (Opportunity → Pier → Bartges → Dart).
- When heading north on Dart Avenue, **Entrance A** will be the **first** entrance on your right.
- Entrances B and C (second and third entrances) are reserved for our network partners and pantry neighbors — please avoid using these to keep traffic flowing safely.
- Once you've parked, please follow the sidewalk toward Dart Avenue and use the city sidewalks to walk to our main entrance (Door #11) on Opportunity Parkway, rather than walking through the parking lot.
- Handicap-accessible spaces remain available in front of the building on Opportunity Parkway.

What to wear:

- Comfortable shoes are recommended as you may be on your feet the entire time.
- It is best to dress in layers. The weather outside affects the temperature inside the warehouse.
- Safety is our priority! **Please note that open-toed shoes, jewelry, and earbuds/headphones are not permitted in the warehouse.**