

St. Matthew's Church
30 Hour Famine
Denver Week of HOPE Fundraise
February 19th - 20th



Registration Form

Name: _____ Birthdate: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____ s/n _____
aim/msn/yahoo - circle one

Parents' Names: _____

Parent's Emails: _____

Name of your church: _____

Name of your school: _____ Grade level: _____

Dear Parent,

Your student has shown an interest in participating in St. Matthew's 30 Hour Famine. Participation means that your student will:

1. Ask for sponsors and collect money to help raise funds for our summer Denver Week of HOPE *(If your student is attending the Workcamp the money will be directly credited toward their camp fees)*
2. Miss three main meals by fasting for 30 hours [Friday: Dinner, Saturday: Breakfast & Lunch].
3. Drink only water and juice during those 30 hours.
4. Turn in the Famine Sponsorship Sheet and all money raised by Sunday, March 7th

Before we issue Famine packet and A Sponsorship Sheet to your child, we would like your acknowledgment that you support his or her participation. Sign below and complete the medical release on the back of this paper. *"I have no objection to my student participating in St. Matthew's 30 Hour Famine."*

signature

date

Fasting is a physical benefit for most people. Exceptions are children under 12 years of age, the elderly, diabetics, those pregnant or nursing, and others who have had recent surgeries or have other specific medical problems. Most youth will have no problems completing the 30 Hour Famine; however, modifications can be made as necessary. If you have any health-related questions about your child's participation in the Famine, please consult your doctor.

Permission Slip & Medical Release

PARENTS' PERMISSION AND EMERGENCY MEDICAL FORM

I (We) the undersigned parent, parents or legal guardian of _____, a minor request that he/she be permitted to attend **30 Hour Famine Denver Week of HOPE Fundraiser** on **Friday 2/19 – Saturday 2/20**, And should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from life State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that **effort shall** be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable St. Matthew's Church, its officers, or leaders for medical aid rendered and will reimburse St. Matthew's Church for medical or other expenses incurred in the care of my son/daughter.

This Authorization remains effective only for the event and date listed above.

Physician _____
Name City Phone

Insurance Company _____ Group Number _____

Is he/she taking medication? No _____ Yes _____ Specify _____ Dosage _____
Name of medication

All medicine must be in original container and given to Mark Becher at the beginning of the famine.

May the adult leader administer over the counter medication such as Tylenol or Advil Yes No

Date of last Tetanus shot _____ Allergic to: _____

Restricted activities/food are: _____

Any special needs your student has: _____

(Parent or Legal Guardian's Signature) (Please print name) (Date) (Best Phone Number During Event)

(Home Address) (City) (Zip code) (Email Address)

TWO Local Emergency Contact in the event a parent cannot be reached during the 30 Hour Famine

(Name of contact) (Relationship to child) (Phone Number)

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