

24-Hour Food Fast Awareness Retreat

24 Hours That Lasts A Lifetime!

May 11-12 Fri. 6:00pm-Sat. 7:00pm

(Registration Deadline, Sunday, April 8)

Open to ALL High School Youth

\$10.00 per participant (Scholarships available)

CRS Food Fast is a 24-hour hunger awareness retreat for Catholic youth. Focusing on global poverty and hunger, CRS Food Fast offers a journey of solidarity with our brothers and sisters overseas, as a way of living out our Catholic faith and the social teachings of the Church.

YOU NEED TO BRING THE MATERIALS YOU WILL USE TO BUILD YOUR TEMPORARY SHELTER FOR SPENDING THE NIGHT. WE WILL DECIDE THAT EVENING WHETHER WE WILL SLEEP INSIDE OR OUTSIDE... BE PREPARED FOR EITHER SITUATION. REMEMBER YOU ARE HOMELESS, WITHOUT THE LUXURY OF CONVENIENCE. IDEAS; CARDBOARD BOXES. TAPE. BLANKETS. SLEEPING BAG. TARPS



REGISTRATION FORM / 24-HOUR FOOD FAST TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, _____ the undersigned, give my permission for _____
(Parent/Legal Guardian) (son/daughter)

to participate in the 24-Hour Food Fast Retreat from Fri., April 11, to Sat., May 12, 2018 at Queen of Peace and traveling by car or van to Tualatin, OR to the International Medical Teams Main site.

- I authorize the Archdiocese of Portland and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.
- I understand the guidelines for this activity of no smoking, drugs, alcohol, or weapons. In the interest in the safety of everyone, I give permission to the chaperones and staff of this event to inspect my child's belongings if there is cause to do so. "Cause" includes, but not limited to, rumors and reports from other students.

Participant's Name _____ Phone _____

Address _____

Grade _____ Age _____ Email Address _____

Date of Birth _____ Sex Male Female

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other information (injuries, etc.) _____

Insurance Carrier _____ Group or ID# _____

In case of emergency, please notify:

Parent/Guardian (s) _____ Email _____

Day Phone Number(s) _____ Evening Phone Number _____

Child's Doctor _____ Phone Number _____

Parent/Guardian Signature Date

I am willing to chaperon this event, call me (Chaperons must have Background check and "Call To Protect" Training)