



# St. Matthew Parish

## 30 Hour Famine Registration Form for High School Teens. February 26-27, 2010

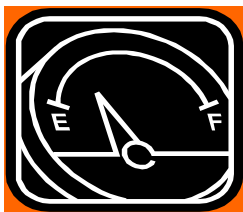
World Vision

Fill out the 2 page permission slip and return to St. Matthew Religious Education Office by Monday, February 22.  
Additional forms on the [stmatthewparish.org](http://stmatthewparish.org) web-site.

**Fund Raise \$100 minimum donation to participate.**  
Bring your donations to the event with  
**CHECKS MADE OUT TO WORLD VISION.**  
**For Fund Raising Ideas: [www.30hourfamine.org](http://www.30hourfamine.org)**

World Vision is a Christian relief and development organization dedicated to helping children and their communities worldwide reach their full potential by tackling the causes of poverty.

Fasting is a physical benefit for most people. Exceptions are children under 12 years of age, the elderly, diabetics, 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 participation in the Famine, please consult your doctor.



**Do the Famine . . .  
on an empty stomach!**

### T-SHIRT ORDER:

Order your t-shirt by filling out the separate t-shirt order form and check made out to: St. Matthew Youth Ministry. These are due much earlier than your permission slip ~ it is due by Friday, February 5.

**Return the 30 Hour Famine 2 page Permission Slip  
by Monday, Feb. 22 to St. Matthew Religious Education Office  
or the "red drop off box" located outside the Rel. Ed. Office.  
Slide under office door while at Mass over the weekend.  
St. Matthew Parish  
1005 E. Schaumburg Rd. - Schaumburg, IL. 60194**

# 30 Hour Famine Permission Slip

*Please PRINT clearly.*

**Participant's Name** \_\_\_\_\_

Birth Date \_\_\_\_\_ Email \_\_\_\_\_ School \_\_\_\_\_ Grad. Yr. \_\_\_\_\_

Name of Parent(s) / Legal Guardian(s)  
\_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Participant's Home & Cell Phone \_\_\_\_\_

I, as a participant, understand that this is a group event, sponsored by St. Matthew and that appropriate, good Christian behavior is required of me. I also understand that I must have written parental permission for any medication, prescription OR over-the-counter drugs, I am taking, and must provide this written permission to the event leader prior to this event.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Allergies: \_\_\_\_\_

List current medications / over the counter medications taken:  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy in the Name of: \_\_\_\_\_

ID and POLICY #: \_\_\_\_\_ / \_\_\_\_\_

# 1 Emergency Contact Name: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

# 2 Emergency Contact Name: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

# 30 Hour Famine Permission Slip . . . continued

I, \_\_\_\_\_ (print name), give permission to my above named son/daughter to participate in the above named event on the date(s) indicated above. I hereby release and indemnify St. Matthew, Chicago Archdiocese of Illinois, World Vision, their staff and volunteers from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I may be called to pick my child up from the premises. In the event that the undersigned cannot be reached, and in the judgment of the responsible adult accompanying the group from St. Matthew Parish in Schaumburg, Illinois, or other appropriate staff member, during the days of the event, there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

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SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN

DATE

Comments or Concerns:

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