

Sharing our Hunger to Serve

Saturday, February 27, 2010



Taken from alertnet.org; 1/20/2010.

Do you like to...

- visit with people?
- help arrange supplies?
- work on projects for organizations?

If you like to serve, then join the youth from the Saint Cloud Metro area for a day of service and fasting.

The day begins at 9:00 am in the Gathering Space of the Church of Saint Francis Xavier (219 2nd Street North: Sartell, MN 56377).

We welcome families to join us for Mass at 5:00 pm with a soup and bread supper following the liturgy.

Youth should also wear comfortable shoes and clothes.

Youth are welcome to take pledges for their service/fasting time. These pledges will be given to Catholic Relief Services to aid in the relief for Haiti.



YOUTH NAME: _____

PHONE: _____ **EMAIL:** _____

PARISH: _____

GUARDIAN, ARE YOU WILLING TO BE AN ADULT CHAPERONE? YES NO

GUARDIAN SIGNATURE: _____ **DATE:** _____

REGISTRATIONS DUE TO: _____ **NO LATER THAN:** _____

FOR MORE INFORMATION CONTACT: _____

PLEASE TURN THIS SHEET IN, PAGE 3 IS FOR FAMILIES TO KEEP.

Sharing our Hunger to Serve

February 27, 2010

Pledge Sheet

(Any checks should be written to the student's parish)

Name of Sponsor

Pledge Amount

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

Please return the pledge form to:

Sharing our Hunger to Serve

Event Details

- WHO:** 7TH—12TH GRADE YOUTH
- WHAT:** A DAY OF FASTING AND SERVICE
- WHEN:** 9:00 AM – 6:30 PM SATURDAY, FEBRUARY 27, 2010
- WHERE:** CHURCH OF SAINT FRANCIS XAVIER, SARTELL
- COST:** FREE, BUT PLEASE COLLECT PLEDGES FOR YOUR FAST, THE PLEDGES WILL BE DONATED TO THE RELIEF FUND FOR HAITI, CARE OF CATHOLIC RELIEF SERVICES.

FASTING: We begin upon arrive at St. Francis and continues until dinner on Saturday, Feb. 27. We will drink juice and water to keep our blood sugar up.

SPONSORS: We ask that each student find people to sponsor them during the fast. We use the money from the sponsors to give to Catholic Relief Services, to help with the Haitian disaster.

SERVICE: We will be serving various programs in the St. Cloud on Saturday.

BRING: Pledge money and sheet. All participants are encouraged to also wear comfortable clothes and shoes.

Four Focus Areas for the Fast:

- Educational:** Learning about hunger first hand while learning through presentations and other resources.
- Spiritual:** Through communal and individual prayer.
- Service:** As we work towards helping end world hunger and poverty, we will also help in the local community.
- Fun:** As always we come together to laugh, play games, and celebrate being together as Catholics.

THIS PAGE IS FOR PARENTS/GUARDIANS TO KEEP

FIELD TRIP
MEDICAL INFORMATION AND
PARENTAL/GUARDIAN CONSENT

Participant's name: _____

Date of birth: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____ grant permission for my child, _____
Parent or guardian's name Child's name

to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from the parishes of Holy Spirit, St. Augustine's, St. Mary's Cathedral, Sacred Heart, St. Peter's, St. Paul's, St. Francis Xavier, St. Joseph—Waite Park, Saint Joseph—St. Joseph.

A brief description of the activity follows:

Type of event: Sharing our Hunger to Serve—Fasting and Service

Date of event: Saturday, February 27, 2010

Destination of event: St. Francis Xavier, Sartell—various service sites

Individual in charge: _____

**Estimated time of departure: arrive at St. Francis by 9:00 am
and return: pick up at St. Francis at 6:30 pm**

Mode of transportation for this event: Volunteer Drivers

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the parishes of Holy Spirit, St. Augustine's, St. Mary's Cathedral, Sacred Heart, St. Peter's, St. Paul's, St. Francis Xavier, St. Joseph—Waite Park, Saint Joseph—St. Joseph their officers, directors, employees and agents, and the Arch/Diocese of Saint Cloud ts employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Arch/Diocese of Saint Cloud, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Arch/Diocese of Saint Cloud.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____
Phone: _____ Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parishes of Holy Spirit, St. Augustine's, St. Mary's Cathedral, Sacred Heart, St. Peter's, St. Paul's, St. Francis Xavier, St. Joseph—Waite Park, Saint Joseph—St. Joseph, their officers, directors and agents, and the Arch/Diocese of Saint Cloud, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Date: _____

Please only sign and date one.

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Does child have any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____