

Lenten Lock-in & Food Fast

Who: All High School Youth

What: An experience of what we are called to do during the season of Lent. To fast, to give and to pray.

When: Feb. 19th, 9pm - Feb. 20th, 11:30am

Youth are not required to spend the night to participate.

Where: St. Pius X Parish Youth Center

Cost: Free will donation to benefit the St. Joseph Home for Boys and Wings of Hope in Haiti

(minimum \$5 donation suggested)

Make a difference in our world today by:

- Learning why hunger and poverty persist
- Living your faith in solidarity with the poor
- Challenging yourself to fast for 14 hours
- Giving the money you would typically spend on a Friday night to those in need

I will participate in the full event

I will not be spending the night and will be picked up or leave at _____ (youth not staying must leave by midnight)

Join us!

Turn in this registration form to your Youth Minister
by **February 12th**

For more information contact your youth minister:

Hosted by the Cedar Rapids
Area Youth Ministers

Off-site/Field Trip Permission Form

School/Parish/Program Name: Cedar Rapids Area Lenten Lock-in and Food Fast

Date: February 19-20, 2010

Grades: 9-12

Person in Charge: Cedar Rapids Area Youth Ministers (CRAYM)

Event and Purpose: Lenten Lock-in Retreat for High School Youth in Cedar Rapids Area

Cost of the Event: Free will Donation

Location: St. Pius X Parish

Name _____ Parish _____

Address _____

School _____ Grade _____

Section 1 - By signing this section, I (parent/guardian) certify that I request and give my permission for _____ to attend this event.

(name of student/participant)

Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

Parent/Guardian Signature: _____ Date: _____

Contact Phone number(s) _____

Section 2 - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: _____ Date: _____

Section 3 - Please list (continue on separate sheet if needed) any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

Please return this permission slip by February 12, 2010

Supervisor's Signature _____

(Principal, C/DRE, Youth Director, Pastor, etc.)

This is the only permission slip that will be accepted for this Event

Please detach and save for your information/reference

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