



# Act 2Day 4 Tomorrow

## 2017 Student Registration

Youth in Grades 7<sup>th</sup> – 12<sup>th</sup> are welcome to participate!

### Student Information:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Medical Concerns/Allergies: \_\_\_\_\_

Grade: \_\_\_\_\_ Jr/High School: \_\_\_\_\_

Home Church: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

### Student Expectations:

- I will participate in all Act 2Day 4 Tomorrow activities.
- I will make every effort to raise at least \$50 in donations, which will go to Feed My Starving Children, ELCA World Hunger and the McLeod County Food Shelf.
- I will not leave during the Act 2Day 4 Tomorrow event unless an emergency arises and a parent or legal guardian grants permission. Any situation of a student leaving the property must be communicated through the event leader, Susie Christianson.
- I will keep socializing to public areas of the church and sleep out areas where adults are present and will follow quiet hours stated at the Act 2Day 4 Tomorrow event. (In no way are male and female students allowed to share cardboard boxes, tents or sleeping gear during quiet hours.)
- I will provide my own sleeping gear.
- I will not possess or use any alcoholic beverages, illegal drugs or weapons of any kind at/during the Act 2Day 4 Tomorrow event. (Parents will be notified and asked to pick up their student immediately if their student is caught breaking this rule.)
- I will recognize that I am representing not only the Act 2Day 4 Tomorrow event, but also our local churches, our community and Jesus Christ during this event. I will be responsible for all that I say and do while at the Act 2Day 4 Tomorrow event.

**By signing below, I agree to follow the expectations listed above.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent(s)/Guardian(s) Information:

Name(s): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Parent Waiver & Medical Release:

- I understand that my student would like to participate in the 2017 "Act 2Day 4 Tomorrow" event.
- I understand the nature of this event called "Act 2Day 4 Tomorrow" which is being held at Christ Lutheran Church, 1820 Knight Ave N, Glencoe, MN from 12:30pm on Saturday, October 14<sup>th</sup> until 10:00am on Sunday, October 15<sup>th</sup>, 2017.
- I understand that my student's participation in this event includes seeking out sponsors to help raise money to help those around the world and in our community who suffer from poverty and hunger.
- I understand that the students will be voluntarily fasting\* for 24 hours and that only water, juice and popsicles will be provided for the students during those 24 hours.

**\*About Fasting:** The Act 2Day 4 Tomorrow fast is a juice fast, which means that the students will be provided with plenty of water and juice throughout the fast. The average, healthy person is able to go without food for 24 hours without any ill effects. Exceptions include: children under the age of 12, pregnant or nursing women, people over the age of 65, people with diabetes, reactive hypoglycemia, and eating disorder or any combination of biological, psychological, and environmental conditions which could precipitate and eating disorder.

**Please note:** Because the above medical conditions are not always obvious, if you have any concerns about your child's health when taking part in Act 2Day 4 Tomorrow, you are strongly encouraged to consult with your child's physician prior to their participation in this event. ***Your signature consenting to participation in Act 2Day 4 Tomorrow implies that you have taken this precaution and are allowing participation with fully informed consent.***

If your student is unable to fast or if you feel your child may not be physically capable of fasting for 24 hours there are modified fasts available so that he/she is still able to take part in the event. Please contact Susie Christianson, 320.292.1032 for more information about a modified fast.

I have read this form and consent to my child, \_\_\_\_\_, participating  
(please print)  
in the 2017 Act 2Day 4 Tomorrow event held at Christ Lutheran Church in Glencoe, MN.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

**Please make a copy of your health insurance card and attach the copy to this form.**