



Youth Hunger Challenge

Who- Junior- Sr. High Youth

What- The Youth Hunger Challenge is an international youth movement to fight hunger and poverty. 26,000 kids die every day from preventable causes such as hunger, poverty and disease. We can do something to help!

When- February 28-March 1st (Saturday and Sunday)

How- Participants will not eat for 24-hours. Juices and water will be provided. We will participate in fellowship, worship and service activities in our community.

Where- Springfield Congregation (youth with sleep over at the church on Saturday night and participate in Sunday worship)

How much- \$5.00 to help pay for juices and supplies. We are asking that youth participants bring donations to help support Outreach International.

Contact- Sarah Steinberg at ssteinberg@cofchrist.org or 443-854-0562

Additional information available at www.cofchrist-cbmc.org/Youth/YouthMinistries.html

Medical Information

Please list applicant's major operations or serious injuries (describe and give dates)

Please list applicant's immunization dates for the following (or attach a copy of health card):

DPT____ booster diphtheria____ booster tetanus____ Smallpox____

typhoid____ tuberculin____ measles____ mumps____

polio vaccine (Salk or Sabin)____

What contagious disease(s) has the applicant been exposed to recently? _____

Please check any of the following conditions that apply to the applicant:

() vision problems () hearing problems () hernia () fainting

() diarrhea () constipation () sleep-walking () bed-wetting

() recent emotional upset (death of loved one, divorce of parents, please explain):

Please describe any other medical, emotional, psychological, dietary, or physical conditions that could affect the applicants experience at camp:

Permission for Medical Treatment

I, the undersigned, parent, legal guardian, next-of-kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment. (physician, hospital, x-ray, lab, medicines, ambulance, etc.).

Parent/Guardian Signature/Applicant** _____ Date _____

Photo Release

In consideration of the aforementioned applicant to participate in this activity, I hereby give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I hereby waive all right of privacy in and to all said pictures and video tapes.

Parent/Guardian Signature/Applicant** _____ Date _____

Activity Consent

I specifically consent to my applicant's participation in activities offered by this 30-Hour Famine event, including but not limited to 30 hours of fasting, serving food at a Baltimore Soup Kitchen, or handing out sack lunches to homeless in Baltimore.

Parent/Guardian Signature/Applicant** _____ Date _____

Please note any nutritional concerns about this fast. If solid food is needed to accompany medication, bread will be provided unless other is specified.

Liability Release

The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by Dundalk Community of Christ, for participation in this event, we (I), being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release forever discharge and agree to hold harmless the aforementioned Dundalk Community of Christ and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event. Furthermore, we (I) (and behalf of our (my) childparticipant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein. Further, authorization and permission is hereby given to said organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as a result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

*Both parents must sign unless parents are separated or divorced, in which case custodial parent must sign. **Only applicant must sign if 21 years of age or older.*

Parent/Guardian Signature/Applicant** _____ Date _____

24 Hour Fasting Fundraiser				
Saturday 28th of February				
We're glad you're joining us in this unique way to serve the poor.				
We hope you'll make a personal fundraising goal of \$100. or more.				
Have sponsors write checks to: MAMC Community of Christ.				
Participant Name _____		Age _____	Congregation _____	
Address _____		Phone # _____	E-mail _____	
Contributor Name	Phone #	Pledge Amount	Amount Received	Check #
BRING THIS FORM AND COLLECTED FUNDS TO OUR 30-HOUR EVENT				

