



FAST-A-THON Packing List and Itinerary

Description

Fast-a-thon is our annual lock-in event for high school teens to fast together on Good Friday and reflect on Jesus' Passion. If a teen is unable to fast, for any reason, protein bars and other food as needed will be available – please reach out to Sophia Gaves, youth minister. Water and juice are available for all teens. After spending the night together at the church, teens wake up on Holy Saturday morning to make a pancake breakfast together. After a final time of reflection, the event ends. Sophia and the CORE (adult volunteer) team will lead the event. Please reach out to Sophia Gaves with any questions or concerns: sgaves@stanastasia.org (248) 689-8380 #108

Packing List

- **Cell phones may be brought but they will be collected on Friday and returned at the end of the event on Saturday.** In case of special circumstances, parents must reach out to John if you would like your teen to have his/her phone during the retreat.
- **Pillow and sleeping bag and/or air mattress.**
- Suggested: Prayer journal, Bible, devotional books and any other spiritual things such as your rosary.

Itinerary (The Times below will NOT change. Specific details for activities may change.)

Good Friday

12pm-3pm (in the church) Teens arrive at the church for the Stations of the Cross followed by the Liturgy of the Lord's Passion.

3pm-11pm (in the Davidson Center) Teens fast together as they reflect on Jesus' Passion and enjoy fellowship with games. This will include activities like small groups, probably watching *The Passion of the Christ*, and attending the Tenebrae service (if we have one). During this time, teens will stay hydrated with water and juice that is provided. Crackers, bread (and other food as needed) will be available for any teens who are unable to fast for this entire period.

11pm (in the Pastoral Center) Teens retire to their designated classroom to sleep (boys in one classroom and girls in another classroom).

Holy Saturday

8am-9am (in the Davidson Center) Teens work together to make and eat a pancake breakfast.

9am-11am (in the Davidson Center) Teens reflect on waiting on God in anticipation of the Easter Vigil

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from St. Anastasia Catholic Church.

Name of Event: **Fast-a-thon**

Cost: **\$30 donation for food and juice**

Location: **St. Anastasia Catholic Church 4571 John R Rd, Troy, MI 48085 (248) 689-8380**

Designated Supervisor of Activity: **Sophia Gaves** Cell: **(248)881-0405** *use this number for emergencies*

Dates and Times of Event: **Good Friday April 19, 2025 12pm in the church**
Holy Saturday April 20, 2025 11am teens can be picked up from the Davidson Center

Parental Consent Required: ***The Passion of the Christ (2004), which has a MPAA rating of R for sequences of graphic violence, will likely be shown.***

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*******STATEMENT OF CONSENT*******

Event Name: Fast-a-thon

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release St. Anastasia Catholic Church, the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

If applicable, note your child's alternate drop-off/pick-up times as discussed with Sophia Gaves:

Phone number(s) where you can be reached during this event. Parent/Guardian Email Address

(Print Parent/Guardian's Name)

(Parent/Guardian's Signature)

RETURN ALL FORMS TO THE PARISH OFFICE OR SOPHIA GAVES by Sunday March 24
248-689-8380 #108 sgaves@stanastasia.org

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: FAST-A-THON or event

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____

Signed: _____
(Parent or Guardian)

RELEASE FOR DISPENSING OF MEDICATION (IF APPLICABLE)

We, the undersigned parent and/or guardian of:

_____ Born ____/____/____
(Student's Name) (Grade) Mo Day Yr

do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

NAME OF MEDICATION: _____
DOSE: _____
TIME TO BE GIVEN: _____
DURATION: _____

ATTACH DOCTOR'S NOTE REGARDING EMERGENCY CARE PLAN AND ADMINISTRATION OF MEDICATION.

Check here, if this release is for a metered dose asthma inhaler, insulin pump or epinephrine auto-injector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler, insulin pump or epinephrine auto-injector possession and use by students as permitted in Public Act 10 – Revised School Code.

(Doctor's Signature) (Please Print Name) (Date)

_____(_____)_____
(Phone Number)

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN

(Signature)

(Print Name)

DATE _____

(April 2017) *This form MUST accompany any medications being brought on to the event*