

PLEASE HELP US MEET OUR 2011 GOAL: \$15,000

# FOODFAST



It all begins at...

**11:00 AM on GOOD FRIDAY, APRIL 22**

Immaculate Conception Parish in Malden - Lower Church

**REGISTER BY APRIL 10**

Youth Ministry Center - 10 Fellsway East, Malden  
Parental Consent Form + Registration Fee of \$25

**FRIENDS ARE WELCOME!**

**H.S. BRING ON  
APRIL 22**

sleeping bag, pillow, juice  
one nice outfit  
collected donations,  
sponsorship form

**M.S. BRING ON  
APRIL 22**

juice  
one nice outfit  
collected donations,  
sponsorship form



**"And as we let our own light shine, we unconsciously give other people permission to do the same."**

- Nelson Mandela (born 1918)  
President of South Africa, and former Anti-Apartheid Activist

The 2011 **FOODFAST** is Immaculate Conception Youth Ministry's hunger awareness event for youth in grades 6-12! With a focus on global poverty and justice, **FOODFAST** provides an experience of faith that celebrates Catholic traditions and inspires us to a life of faith and service; an experience of solidarity with our brothers and sisters around the world who are living in hunger and poverty; and an experience of community, working together to create lasting change in the world.

Our high school group will go 24-hours without food and our middle school group will go 12-hours, so that we can have a real taste of what hunger is like. During this time we'll engage in many different activities, from community service projects and volunteer work to praying, having fun, and learning. The money raised is sent to *Catholic Relief Services* where it is put to work in areas like Haiti, Ethiopia, and here in the United States.

**REGISTER BY APRIL 10TH WITH THE PARENTAL CONSENT FORM AND REGISTRATION FEE OF \$25.**

781-324-4941

[www.icmalden.com](http://www.icmalden.com)

[ym@icmalden.com](mailto:ym@icmalden.com)

**immaculateconceptionyouthministry**





# immaculateconceptionyouthministry

## 2011 FOOD FAST PARENTAL CONSENT FORM

Dear Parent/Guardian,

Your child has expressed interest in participating in FOOD FAST, Catholic Relief Services' hunger awareness program. This is a 12/24 hour event, which includes fasting, prayer, activities, and discussion to teach youth about issues in the developing world. The High School FOOD FAST will be begin at 11:00 AM on Good Friday, April 22 and continue until 12:00 Noon on Holy Saturday, April 23. The jr. FOOD FAST will begin at 11:00 AM on Good Friday, April 22 and continue until 12 Midnight on Good Friday, April 22. Both take place in the Immaculate Conception Parish Lower Church.

During FOOD FAST, your child will:

- ✦ fast for 12/24 hours and miss two/three main meals
- ✦ consume only juice and water during the fast

In the Bible, the practice of fasting is connected with the ideas of personal and communal growth and conversion. By fasting, praying, and sharing conversation together we gain a connection with the people in the world who suffer from hunger involuntarily.

If there are medical reasons that prevent your child from being physically capable to participate in a 12/24 hour fast, your child can still participate in the event in a modified way. Please contact me (781-324-4941/ym@icmalden.com) if you would like to discuss other options. The purpose of the fast is to create an awareness of the impact of poverty and inequity in a world of plenty and to give your child ideas about how to make positive changes in the world.

Our group fundraising goal for the 2011 FOOD FAST is **\$15,000**. An ambitious goal, to be sure, but one we know we can reach, especially when we keep in mind that every \$30 we raise will help feed and care for a child for one month. Be committed - please help your child begin finding sponsors NOW in your neighborhoods, work, church, and schools. Will you help us reach our goal this year? Collect donations as soon as possible and bring them to the FOOD FAST on April 22!

**Please complete the form below and return it with \$25 to I.C. by April 10, 2011 — THANK YOU!**

Sincerely,

*Scott Morin*

Coordinator of Youth Ministry

**Catholic Relief Services is the official overseas relief and development agency of the Catholic community in the United States.**

FOOD FAST is a 12/24-hour educational event focusing on issues in the developing world. Students participate in a series of planned activities, and with the supervision of our Coordinator of Youth Ministry, fast for 12/24 hours. Anyone fasting must drink water and replace solid food with juices (fruit or vegetable) or other non-caffeinated drinks (such as herbal teas). Anyone with a cold or flu, liver or kidney problems, or a serious illness such as diabetes, heart disease, or ulcers, should not take part in the fast. If you are in doubt of your child's ability to participate, please consult your doctor. For most people, fasting is safe and can be beneficial; however, there are some people who should NEVER fast without professional supervision. (For example, persons who are too thin or emaciated; persons who have experienced anorexia, bulimia, or other eating or behavioral disorders; persons who suffer weakness or anemia; persons who take insulin for diabetes, or suffer from hypoglycemia or any other blood sugar problem.) Fasting should only be done in a limited and controlled environment. **For more visit: [www.foodfast.org](http://www.foodfast.org) and [www.crs.org](http://www.crs.org).**



NAME OF PARTICIPANT \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

MEDICATIONS \_\_\_\_\_ ALLERGIES \_\_\_\_\_

In signing this form, I hereby certify that the above information is correct and give permission for the release of medical records to an attending physician in case of injury or illness. In case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the even I cannot be reached, I hereby give permission to the physician attending my child to hospitalize, secure proper and necessary treatment for my son/daughter, as named herein. I hereby agree that no liability is assumed by the Archdiocese of Boston or Immaculate Conception Parish for the claims which may arise out of this activity.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_