

sauguscatholicseyouth

FOODFAST



1:00 PM
GOOD FRIDAY
MARCH 30

Blessed Sacrament Parish
Lower Church
14 Summer Street
Saugus, MA

GO HUNGRY TO HELP HUNGRY KIDS

YOUTH IN GRADES 7-12 participating in Food Fast will have a real taste of what hunger is like for people who go hungry. Together, we'll deepen our faith and strengthen our yearning to bring change to the world! **YOUTH IN GRADES 7 + 8** participate in the FOOD FAST for 10-hours on Good Friday from 1:00 PM to 11:00 PM. **YOUTH IN GRADES 9-12** participate for 20 hours from 1:00 PM on Good Friday to 9:00 AM on Holy Saturday.

ALL GRADES REGISTER NOW!

With a Parental Consent Form + Registration Fee of \$40

FRIENDS ARE WELCOME



sauguscatholicyouth 2018 FOODFAST PARENT/GUARDIAN LETTER

FUNDRAISING GOAL FOR EACH PARTICIPANT
GRADES 7-8: \$75, GRADES 9-12: \$150

Ash Wednesday
February 14, 2018

Dear Parent/Guardian,

Your child has expressed interest in participating in FOOD FAST, SCY and Catholic Relief Services hunger awareness program. This is a 10/20 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 1:00 PM on Good Friday, March 30th and continue until 9:00 AM on Holy Saturday, March 31st. Youth in grades 7 and 8 will participate in FOOD FAST on Good Friday, March 30th from 1:00 PM to 11:00 PM. Both take place in the Blessed Sacrament Parish Lower Church at 14 Summer Street in Saugus, MA.

During FOOD FAST, your child will:

- ✦ fast for 10/20 hours and miss two/three main meals
- ✦ consume only juice and water during the fast

If there are medical reasons that prevent your child from being physically capable to participate in a 10/20 hour fast, your child can still participate in the event in a modified way. Please contact me (781-233-2497/ym@sauguscatholics.org) 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.

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 MARCH 30TH! REGISTER NOW!**

Sincerely,
Scott Morin
Saugus Catholics Youth Minister



PACKING LIST

- ALL: DONATIONS/SPONSORSHIP FORM
- ALL: JUICE/WATER/GATORADE TO DRINK - LABELED WITH PARTICIPANT'S NAME
- ALL: CHANGE OF DRESSIER CLOTHES FOR THE GOOD FRIDAY EVENING SERVICE
- GRADES 9-12: SLEEPING BAG, AIR MATTRESS (OPTIONAL) PILLOW, TOOTHBRUSH, ETC.

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

FOOD FAST is a 10/20 hour educational event focusing on issues in the developing world. Students participate in a series of planned activities, and with the supervision of our Youth Minister and an adult team, fast for 10/20 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 and www.crs.org



sauguscatholicyouth
2018 FOODFAST
PARENT/GUARDIAN CONSENT
+ REGISTRATION FORM

PLEASE COMPLETE AND RETURN THIS FORM TO 14 SUMMER STREET WITH \$40 CASH OR CHECK MADE PAYABLE TO: SCY.

Name of Participant _____ Male _____ Female _____

Address _____

Town _____ State _____ Zip _____

Date of Birth _____ School and Grade _____

Parish _____

Insurance Information

Family Health Insurance Co. _____ Policy # _____

Family Physician _____ Phone # _____

Medication(s) _____ Allergies _____

Any other information we may need to know:

I agree to allow photos of my child to be posted in the SCY bulletin, Facebook, Twitter, and Instagram pages
YES | NO

Parental Release

In signing this form, I hereby certify that the above information is correct and give permission for my child to be involved in this activity. I give permission for the release of medical records to an attending physician in case of injury or illness.

In the case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event 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 the Saugus Catholics Collaborative for the claims which may arise out of this activity.

Signature of Parent or Guardian _____

Date _____

Home Phone _____ Cell Phone _____

