



24 Hour Famine

That's right **NO FOOD**
Juice and water will be provided.

Date: Feb 17th – 18th

Time: 7pm to 7pm

Place: Holy Family

Lower church hall

Fee: A donation is all you need to participate!

How do I get donations?

EASY

Ask family or friends to sponsor you.

Skip eating out and donate that money.

When you think, you need that special coffee, smoothie, or pop give it up!

DONATE IT!

Collect your spare change.

RSVP by Feb 12 by email:

The Youth Ministry Office byrne@holyfamilystow.org

BRING: Permission form signed
(found on www.holyfamilystow.org)

Donation

Sleeping geartoothbrush, deodorant, ect

EAT WELL BEFORE THE FAST

Do you speak famine?

FEE DUNG GREEK CHILLED RUN



Parental Consent Form

Dear Parent/Guardian,

Your child has expressed interest in participating in *Food Fast*, Catholic Relief Services' hunger awareness retreat. This is a 24-hour event, which includes fasting, prayer, activities, and discussion on the issues of hunger and poverty in the world.

Our *Food Fast* will be held on _____ at _____
date/time location

During *Food Fast*, your child will:

- fast for _____ hours and miss _____ main meal(s);
- consume only juice and water during the fast; and
- solicit sponsorship pledges to raise money for Catholic Relief Services.

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 24-hour fast, your child can still participate in the event in a modified way. Please contact me 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.

Catholic Relief Services is the official international humanitarian agency of the Catholic community in the United States. *Food Fast* is an educational retreat focusing on issues in the developing world. Students participate in a series of planned activities, and with the supervision of their youth minister or teacher, fast for the duration of the retreat. Anyone fasting must drink water and replace solid food with juices (fruit or vegetable) or other non-caffeinated drinks (such as herbal teas) throughout the Food Fast. 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.

Please complete page two!

PARTICIPATION/EMERGENCY MEDICAL FORM

Participant name _____ T-shirt size _____
Home address _____ City _____ State _____ Zip _____
Email _____ Home phone _____ Cell phone _____
Date of birth _____ School _____ H.S. Graduating Year _____
Parent/Guardian Name _____
Parent work number _____ cell phone _____ pager _____
If we can not be reached in case of emergency please call _____
Address _____ Phone _____

CONSENT FORM AND LIABILITY WAIVER

I, as the parent or legal guardian of _____ do hereby grant permission for my child to participate in Holy Family/Immaculate Heart of Mary Youth Ministry activities. I agree by my signature to release, absolve, indemnify, and hold harmless, the Holy Family/Immaculate Heart of Mary School and Parish, its employees and agents, The Roman Catholic Diocese of Cleveland, their successors and assigns, from all debts, claims, demands, costs, expenses, damages, actions, and causes of actions, and I waive all claims of any kind against those mentioned.

Parent/Guardian Signature _____ Date _____

AUTHORIZATION FOR MEDICAL TREATMENT

I, as parent or legal guardian of _____ do hereby give my consent for Holy Family/Immaculate Heart of Mary Staff and the Youth Ministry Board, or other adult representative, in the event that all reasonable attempts to contact me have been unsuccessful, to seek medical attention and treatment deemed necessary by Dr _____ Phone _____ I give my permission to transfer my child to _____ hospital or any hospital reasonable accessible. Our insurance carrier is _____ This authorization does not cover major surgery, unless the medical opinion of two other licensed physicians concur on the necessity for such surgery and are obtained before surgery is performed.

Please list allergies and medical conditions _____

List any medications and dosage child is currently taking _____

Parent/Guardian Signature _____ Date _____

PHOTO RELEASE FORM

As a participant in the Holy Family/IHM Youth program, I hereby give Holy Family Church & Immaculate Heart of Mary Church my permission to use my likeness in photo or video form and my name in publicity, both within internal communication of the above-mentioned parishes for use in communication pieces, and to area news media in all forms without limit as to time.

I further release them from liability for what I might deem a misrepresentation of me by virtue of alterations, optical illusions, or faulty mechanical reproduction.

Participant Signature _____ DATE _____

Parent of Legal Guardian signature (If participant is under age 18) _____ DATE _____