

# Formation Retreat . . .

(for Retreat Team members)

Saturday - Monday, September 16-18, 2023  
Marist Retreat Team

That promised event is just around the corner! This is the (mandatory) opportunity for you to begin the year with enthusiasm, energy, charisma, and skills! And besides, we'll have a lot of fun.

<i>Where?</i>	Camp Tapawingo, Falls City, OR
<i>Phone?</i>	(503) 787-3828 (in case of emergency)
<i>Departure?</i>	Load the bus at 8:30 am on Saturday, September 16
<i>Return?</i>	Approximately 3:30 pm on Monday, September 18
<i>Cost?</i>	\$150.00 (this will pay for <u>all</u> retreats you serve on as a team member)
<i>Deadline?</i>	<b>Registration/Agreement forms and fee due <u>no later than Tuesday, September 12 (Checks only please)</u>. NOTE: If there are any financial concerns, please contact Dr. Martin ASAP.</b>
<i>What to Bring?</i>	You know, the usual retreat stuff... sleeping bag, pillow, warm casual clothing, flashlight, personal needs, shower supplies, etc.

**PLEASE RETURN ATTACHED FORMS WITH FEE TO:  
The Front Office or Campus Ministry  
NO LATER THAN TUESDAY, SEPTEMBER 12**

## **IMPORTANT NOTICE:**

*All three of the following pages contain required registration and permission items. Registration requires that they are all filled out completely and turned in.*

- Student and Parent Agreement (p. 2)
- Other Information (p. 3)
- Archdiocesan Permission Form (p. 4)

**Marist Retreat Program – Student Agreement**

TO BE COMPLETED BY STUDENT:

**Student:** I, the undersigned student, understand that I have a responsibility to abide by the rules, regulations, and instructions which are provided for the 2023-2024 Marist Retreats. I understand that these rules, regulations, and instructions are provided for the safety, security, well-being, and respect of others as well as myself.

In accordance with policy 6.8 in the Marist Student Handbook, I understand that the possession, use, abuse, transfer, or sale of alcohol, tobacco (including vaping), legally-controlled substances, illegal drugs, inhalants, or any drug paraphernalia is prohibited at all school-sponsored events, including retreats. If I should be found in violation of this policy, I understand that my parent or guardian will be contacted at the time of discovery and that I will be returned home immediately at my own and/or my parent’s/guardian’s expense. The school will be notified and will take disciplinary action as specified in 6.8.

I understand that any other serious failure to act responsibly in regard to rules, regulations, instructions, and common human understanding may also result in the notification of my parents and my being removed from the retreat. Furthermore, any infraction of these expectations resulting in being sent home may also result in removal from the Retreat Team.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Marist Retreat Program – Parent / Legal Guardian Agreement**

**Parent / Legal Guardian:** I, the undersigned parent/guardian:

- have read and approve the *Student Agreement* (above)

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\* \* \* \* \*

**Any dietary restrictions or special needs (i.e., vegetarian)? If so, please describe. Contact Dr. Martin for questions or concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fee:** \_\_\_\_\_ Amount Enclosed

\_\_\_\_\_ Special arrangements requested (It is Marist policy not to turn away any student from a retreat experience due to lack of funds. We ask therefore that you stipulate a payment plan or a total amount which you can pay on the line below). Contact Dr. Martin if you have questions:

\_\_\_\_\_  
\_\_\_\_\_

In order to assist requests for scholarship funding, we ask that you consider making a donation to the Marist Retreat Account. If you are able to do so, please increase your payment by the amount of your donation. On behalf of those who benefit from your support, *THANK YOU!*

**Scholarship:** \_\_\_\_\_ (please indicate amount of donation)

**THIS FORM TO BE KEPT ON FILE FOR THREE YEARS**

**OTHER INFORMATION**

**2023-2024 Retreats: (please indicate all retreats for your gender which you can work)**

*Juniors must commit to the retreat weekend(s) scheduled for this year. Seniors will likely work two retreats, and should be available for any of the retreats for your gender, if possible (Encounters and Journey). You will not be guaranteed the retreats you indicate below, but it gives us information to work with to establish teams for the year. **Therefore, check all retreats for your gender that you can work on.** Make sure, to the best of your ability, to commit to those dates when you say yes. Don't forget sports obligations, family and personal conflicts as you look at your calendar.*

_____	Sophomore Girls Journey	December 2-3, 2023	Marist
_____	Sophomore Girls Journey	February 10-11, 2024	Marist
_____	Sophomore Boys Journey	February 3-4, 2024 (tent.)	Marist
_____	*Encounter	October 21-23, 2023	St. Benedict
_____	*Encounter	November 18-20, 2023	St. Benedict
_____	*Encounter	February 10-12, 2024	St. Benedict
_____	*Encounter	February 24-26, 2024	St. Benedict

*\*Note: Encounter dates not yet assigned*

\* \* \* \* \*

**\*\*\*\* NOTICE - We ask that you choose workshops for the Formation retreat. Rank order your top 3 choices. If you fail to mark three choices, we will choose for you! THANKS! \*\*\*\***

**Formation Retreat Workshop: (please indicate first three choices 1, 2, 3)**

- \_\_\_\_\_ Drama (using drama to communicate meaning / create an experience)
- \_\_\_\_\_ Ice-Breakers & Community-building activities (choosing/leading games and activities)
- \_\_\_\_\_ Song-Leading (choosing/leading music)
- \_\_\_\_\_ Prayer-Leading (designing/leading meaningful prayer and reflection activities)



# CHURCH/SCHOOL EVENT PERMISSION FORM FOR STUDENT/YOUTH

LOCATION INFORMATION  School  Church Date: September 16-18, 2023  
Name: Camp Tapawingo Phone: 503-787-3828  
Address: 22505 Black Rock Rd. City: Falls City, OR Zip: 97344

CONTACT PERSON  
Name: Rick Martin Phone: 541-681-5474 Email: rmartin@marisths.org

TO BE COMPLETED BY SPONSORING CHURCH OR SCHOOL  
Event: Formation Retreat Location: Camp Tapawingo  
Church or School: Marist Catholic High School, Eugene OR  
Date of event: September 16-18, 2023 Departure date: September 16, 2023  
Departure time: 8:30  AM  PM Return date: September 18, 2023  
Estimated time of return: 3:30  AM  PM Mode of transportation: Bus

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN  
Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Sex:  Male  Female

*Person(s) to notify in case of an emergency:*  
Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ 2: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ 2: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ 2: \_\_\_\_\_  
Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Allergies (foods, drugs, insects, etc.): \_\_\_\_\_  
Medications (name, dosage, reason): \_\_\_\_\_  
Other information (injuries, special needs, etc.): \_\_\_\_\_  
Insurance carrier: \_\_\_\_\_ Group or ID#: \_\_\_\_\_

I, \_\_\_\_\_ the undersigned, give my permission for \_\_\_\_\_  
(Parent/Legal Guardian) (Child)  
to take part in the above off premises event and authorize the Church/School to provide transportation to and from the event.

I also authorize the Church/School and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for payment for those services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_