

Sophomore Girls Journey

2009-2010

- WHEN:** December 5-6, 2009 or February 20-21, 2010
- WHERE:** St. Peter Catholic Church / Marist
- TIME:** 10:30 am Saturday – 12:30 pm Sunday
*Students are not allowed to arrive late or leave early – you are committed to the whole time!
- COST:** \$35.00. Due with registration, unless special arrangements are requested
- HOW TO REGISTER:** Drop your completed registration by the Main Office or the Campus Ministry Office. Note the deadline below.

DEADLINE: *Registrations must be received:*
NO LATER THAN THURSDAY, NOVEMBER 26TH (for Dec.)
NO LATER THAN THURSDAY, FEBRUARY 11th (for Feb.)
Cancellations after this date cannot be fully refunded
*****Each retreat is limited to 28 participants – accepted on a first-come, first-served basis*****

- QUESTIONS:** See Mrs. Ferrari
- WHAT TO BRING:** First and foremost, YOURSELF, READY TO WORK WITH THE TEAM, AND WITH YOUR CLASSMATES IN MAKING THIS A FUN & POSITIVE EXPERIENCE FOR ALL.
- THEN...** Bring casual clothes, a sleeping bag/pad & pillow, personal stuff (showers available), A SMILE AND A GOOD ATTITUDE!
- WHAT NOT TO BRING:** Cell phones, iPods, etc., and anything that is not good for your mind, body or spirit!
- DIRECTIONS:** Meet at St. Peter's Catholic Church at 10:30am. (*10 min. from Marist*) The address is 1150 Maxwell Rd. From River Rd (south of Beltline), head west on Maxwell. St. Peter's is just east of the overpass over the Northwest Expressway. Phone #: 688-1051.

SUNDAY PICK-UP IS AT MARIST @12:30 PM

ARCHDIOCESE OF PORTLAND
Parent/Legal Guardian Event Permission Slip
for Student/Youth

Below please find a brief description of the schedule of activities:

Event: Sophomore Girls Retreat Location: St. Peter Church / Marist H.S.

Archdiocesan Parish, School or Agency: Marist High School, Eugene Oregon

Date of Event: _____ Dec. 5-6, 2009 _____ Feb. 20-21, 2010

Arrival Time: Meet at St. Peter Church at 10:30 a.m.

Estimated Time to be picked up: 12:45 p.m.

Mode of Transportation from St. Peter to Marist: Marist Bus

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, _____ the undersigned, give my permission for _____
(Parent/Legal Guardian) (Daughter)
to take part in an off-premises event which will require transportation and supervision by Archdiocesan employees and volunteers.

- I agree to allow my child to participate in this event.
- I agree and understand that transportation may be provided in such form and at the discretion of the Archdiocese of Portland.
- I also authorize the Archdiocese of Portland 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 the payment of those services.

Child's Name _____ Date of Birth _____ Sex Male Female

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other information (injuries, etc.) _____

Insurance Carrier _____ Group or ID# _____

In case of emergency, please notify:

Parent/Guardian (s) _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Child's Doctor _____ Phone Number _____

Parent/Guardian Signature

Date

THIS FORM TO BE KEPT ON FILE FOR THREE YEARS

*****PLEASE COMPLETE THE REVERSE SIDE*****

Student: I, _____, the undersigned student, understand that I have a responsibility to abide by the rules, regulations, and instructions which are provided for the 2009-2010 Marist Sophomore Girls Retreat. I understand that these rules, regulations, and instructions are provided for the safety, security, well-being, and respect of others as well as myself.

I understand that the use and/or possession of alcohol and/or drugs (including tobacco), is not acceptable. If I should be found in possession of and/or using such substances, I understand and agree that I will notify my parent or guardian at the time of discovery and that I will be returned home immediately at my own and/or my parents' expense.

I understand finally, 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 returned home.

Student Signature _____ **Date** _____

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Fee: _____ Enclosed (Checks only, please – exception made for International students only)

_____ 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):

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Do you have any dietary restrictions or special needs (i.e., vegetarian)? If so, please describe:

