

October 1-2, 2011

Freshman Lock-In



Highlights

Food, Food, Food!

Inflatable Games!

Make a music video!

Brave exotic games!

Sleep? Optional!

Spend time with friends!

Drop off at the Marist Theater between
8:00 and 8:15pm, Saturday, October
1st

Pick up at Marist at 7:00am, Sunday,
October 2nd

Wear comfortable clothes (including
something warm for a little outdoor
time), nothing else to bring!

Cost: \$30.00 payable to Marist H.S.

Register by Friday, Sept. 23rd

Turn in to Theology Teacher



**Marist HS Christian Leadership Class
Presents...**



Contact person: Mr. Chad DePaoli

+
MHS

2011 Freshman Lock-In

Candidate Registration / Agreement

October 1-2, 2011

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

~ Deadline for Registration / Agreement is Friday, September 23rd ~

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

Event: Freshman Lock-In Location: Marist High School
Archdiocesan Parish, School or Agency: Marist High School, Eugene Oregon
Date of Event: October 1-2, 2011 Start Time: 8:00 pm, Saturday, October 1, 2011
End Time: 7:00 am, Sunday, October 2, 2011

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

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

- I agree to allow my child to participate in this event.
- I 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 2011 Marist Freshman Lock-In. 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** _____

* * * * *

Fee: _____ enclosed (Checks only, please – exceptions made for International students only)
_____ special arrangements requested (It is Marist policy not to turn away any student from the Lock-In 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):

Scholarship: _____ (please indicate amount of donation)

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 enclose an additional check made payable to Marist in the amount of your donation. On behalf of those who benefit from your support, *THANK YOU!*

* * * * *

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

Your Theology Teacher: _____ **Theology Period:** _____

Some parts of the night will be spent in small groups. If you would like to identify a friend to be in your small group, you may do so here. However, that person must also list you on his/her registration form. We will do our best to honor your request, but cannot guarantee it. For registrations turned in after the deadline, we will be unable to accommodate this request.

Name of Small Group partner you would like to be with (list one only): _____

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Turn in to Theology Teacher*