

2020 - 2021 – MARIST ENCOUNTER

It's time for that annual event again,
the Marist Encounter...a weekend for Junior
and Senior Men and Women

This Covid-Year our Men's and Women's Encounters will take place separately, but on the same weekend. We will share the school campus, but hold our sessions in different areas. While we will not mix, we will be going through the same amazing experience at the same amazing time! We will prioritize on-campus time for the sake of being in person, but will also include Zoom time from home.

<i>Where?</i>	Marist, At Home (partial at school / online)
<i>Phone?</i>	_____ (in case of emergency)
<i>Time?</i>	Start 2:00pm at school, Saturday, Feb. 20 End app. 8:00pm at home, Sunday Feb. 21 See detailed schedule information below
<i>Cost?</i>	\$30.00 (for materials, and snacks)
<i>Deadline?</i>	Registration/Agreement forms and fee due <u>no later than Thursday, Feb. 4.</u> <i>Please print out the agreement and permission forms, and deliver them to Campus Ministry at Marist</i> (NOTE: If there are any financial concerns, please note on this registration form or contact Mrs. Ferrari).
<i>Needed materials?</i>	You will receive a journal and pen at Marist Saturday morning. Be sure to bring these with you as you move from school to home and back again!

*******PLEASE RETURN FORMS AND FEE NO LATER THAN THURSDAY, FEBRUARY 4*******

Schedule (subject to change):

SATUDAY

- 2:00pm **Arrive at school**, women report to the AC, men to the Gym
- 6:00pm Conclusion of On-Campus Session – **return home** for dinner and private retreat activity
- 9:00pm ReZoom

SUNDAY

- 9:00am ReZoom **from home**
- 12:15pm Break for lunch and travel back to school
- 1:30pm **Arrive at school** for the afternoon sessions
- 5:30pm **Return home** for dinner and break
- 7:00pm ReZoom
- 8:00pm Conclusion

Zoom link will be provided in Schoology
Encounter Group, and printed in the Journal

Revised 1/21

KEEP THIS PORTION OF THE REGISTRATION FORM FOR YOUR INFORMATION!

MARIST ENCOUNTER RETREAT
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 2019-2020 Marist Encounter. 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 6.4 in the Marist Student Handbook, I understand that the use, possession, or sale of alcohol, tobacco, legally-controlled substances, illegal drugs, inhalants (including vaping) or drug paraphernalia is prohibited at all school-sponsored events, including retreats. If I should be found in possession of and/or using or selling such substance(s), 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 appropriate.

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 returned home.

Student Signature _____ **Date** _____

MARIST ENCOUNTER RETREAT
Parent / Legal Guardian Agreement

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

- have read and approve the *Student Agreement* (above)
- have read and understand the *Guidelines for Hybrid Retreat at Marist*, and will support my student's retreat experience while at Marist and for the online portions at home

Parent/Guardian Signature _____ **Date** _____

Please complete parent email information on reverse side, and see Note to Parents

* * * * *

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

Fee: _____ 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):

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!

NOTE TO PARENTS/GUARDIANS:

Important information regarding this retreat will be sent to you following the retreat registration process. Below please enter your most up-to-date parent/guardian only/private email address. Thank you!

Parent/Guardian 1 Email: _____ Parent/Guardian 2 Email: _____

Parent/Guardian 3 Email: _____ Parent/Guardian 4 Email: _____

FOR OFFICE USE ONLY:

Emailed Mailed Email/Mail Date: ____/____/____ Read Receipt Opened Date: ____/____/____
(circle one)



CHURCH/SCHOOL EVENT PERMISSION FORM FOR STUDENT/YOUTH

LOCATION INFORMATION School Church Date: _____
Name: Marist Catholic High School Phone: 541-686-2234
Address: 1900 Kinglsey Rd City: Eugene OR Zip: 97401

CONTACT PERSON

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

TO BE COMPLETED BY SPONSORING CHURCH OR SCHOOL

Event: Marist Encounter Retreat Location: Marist / at home (partial at school / online)

Church or School: Marist Catholic High School

Date of event: February 20-21, 2021 Departure date: NA

Departure time: NA AM PM Return date: NA

Estimated time of return: NA AM PM Mode of transportation: NA

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: _____