

2023 - 2024 – ENCOUNTER

It's Encounter time... a retreat weekend for Juniors and Seniors that you don't want to miss!

Please note all the important information below so that you will be ready to go when the time arrives. Space is limited, and is filled on a first-come, first-served basis. *If you have ANY problem coming up with this amount of money, please do not hesitate to talk with us, and other arrangements can be made, but these arrangements must be made as soon as possible.* Do not let the money keep you from this experience!

<i>When?</i>	Women's Encounter: Nov. 18-20, 2023 Men's Encounter: Feb. 10-12, 2024 Co-Ed Encounter: Feb. 24-26, 2024
<i>Departure?</i>	11:15 at the school (load time)
<i>Return?</i>	Approximately 3:15 on Monday
<i>Cost?</i>	\$150 (make checks payable to Marist High School)
<i>How to register?</i>	Due to limited space on each weekend, <i>early registration is encouraged if your schedule limits you to one choice.</i> To register, submit completed form using the link provided in your Class Schoology Group. The link will be posted in Schoology by 7:00am on Friday, Oct. 20.
<i>Deadline?</i>	The deadline for registration and fee is: <ul style="list-style-type: none">• Wednesday, Nov. 1 for Nov. 18-20• Friday, Jan. 19 for Feb. 10-12• Wednesday, Feb. 7 for Feb. 24-26 <u>If there are problems, please contact the moderator ASAP!</u>
<i>What to bring?</i>	Sleeping bag, pillow, warm casual clothing, flashlight, personal needs items, shower supplies, etc. NO ELECTRONICS ALLOWED.
<i>Where to turn in?</i>	Use the link provided in your Class Schoology Group or at the Main Office beginning October 20 Fee may be paid by credit card via phone, or by check in the Main Office, made payable to Marist
<i>Moderators?</i>	Mrs. Baker, Mr. Moser, Mr. Oldham

KEEP THIS PORTION OF THE REGISTRATION FORM FOR YOUR INFORMATION!

Registration

Student name: _____

Student grade: Junior

Senior

Encounter date: Nov. 18-20, 2023, Women only

Feb. 10-12, 2024, Men only

Feb. 24-26, 2024, Co-ed

Any dietary restrictions or special needs (i.e., vegetarian)? If so, please describe:

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)

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)

Marist Encounter – Student Agreement

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 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, marijuana, 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 – Parent / Legal Guardian Agreement

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

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

Parent/Guardian Signature _____ **Date** _____

CHURCH/SCHOOL EVENT PERMISSION FORM FOR STUDENT/YOUTH

LOCATION INFORMATION School Church Date: _____

Name: St. Benedict Lodge Phone: 541-822-3572

Address: 56630 N Bank Rd City: McKenzie Bridge, OR Zip: 97413

CONTACT PERSON

Name: Rick Martin Phone: 541-686-2234 Email: rmartin@marisths.org

TO BE COMPLETED BY SPONSORING CHURCH OR SCHOOL

Event: Encounter Retreat Location: St. Benedict Lodge

Church or School: Marist Catholic High School

Date of event: Nov. 18-20, 2023 OR Feb. 10-12, 2024 OR Feb. 24-26, 2024

Departure date: Nov. 18 OR Feb. 10 OR Feb. 24

Departure time: 11:15am AM PM Return date: Nov. 20 OR Feb. 12 OR Feb. 26

Estimated time of return: 3:15pm AM PM Mode of transportation: School 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: _____