

Sophomore Journey Retreat

2023-2024

Basic Information

- WHEN:** Girl's Journey Retreat: December 2-3, 2023, 10:30am start
Boy's Journey Retreat: January 27-28, 2024, 11:30am start
Co-Ed Journey Retreat: February 3-4, 2024, 11:00am start
- WHERE:** Marist Catholic High School
- TIME:** Saturday morning (see above) – Sunday noon
(Students are not allowed to arrive late or leave early – you are committed to the whole time)
- COST:** \$40.00. Due with registration, unless special arrangements are requested (see back of form). You may pay electronically or by check. Checks should be made payable to Marist Catholic High School. A link for an electronic payment can be found on the school website's Sophomore Journey retreat page (go to Spiritual Life > Retreats > Sophomore Journey).
- HOW TO REGISTER:** Due to limited space on each weekend, *early registration is encouraged if your schedule limits you to one choice*. To register, submit all three pages of the registration packet (Registration, signed Agreement, and signed Archdiocesan Permission forms) using the link provided on the school website (go to Spiritual Life > Retreats > Sophomore Journey).
OR, you may drop your completed registration materials and fee off in the Main Office.
- DEADLINE:** The deadline for registration and fee is:
- **Wednesday, Nov. 22** for Dec. 2-3 Girl's
 - **Wednesday, Jan. 17** for Jan. 27-28 Boy's
 - **Wednesday, Jan. 24** for Feb. 3-4 Co-Ed
- Late registrations will only be accepted space permitting
Cancellations after deadlines may not be fully refunded*
- 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, iPads, homework, etc., and anything that is not good for your mind, body or spirit!
- WHERE TO TURN IN:** Use the link provided in your Class Schoology Group or at the Main Office beginning November 10. Fee may be paid by credit card via phone, or by check in the Main Office, made payable to Marist
- MODERATORS:** Mrs. Ferrari, Mr. Rupp / Dr. Martin

KEEP THIS PORTION OF THE REGISTRATION FORM FOR YOUR INFORMATION!

Registration

Student name: _____

- Journey Retreat date desired: Dec. 2-3, 2023, Girls only
 Jan. 27-28, 2024, Boys only
 Feb. 3-4, 2024, Co-ed

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

Fee: _____ Indicate amount paid

- Paid electronically
 Paid by check
 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)

Marist Sophomore Journey Retreat – 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 Sophomore Journey 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.
- 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 Sophomore Journey Retreat – Parent / Legal Guardian Agreement

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

- have read and approve the *Student Agreement* (above)
- give my child permission to attend the Marist Sophomore Journey Retreat

Parent/Guardian Signature _____ **Date** _____



CHURCH/SCHOOL EVENT PERMISSION FORM FOR STUDENT/YOUTH

LOCATION INFORMATION School Church Date: _____

Name: Marist Catholic High School Phone: 541-686-2234

Address: 1900 Kingsley 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: Sophomore Journey Retreat Location: Marist

Church or School: Marist Catholic High School

Date of event: Dec. 2-3, 2023 OR Jan. 27-28, 2024 OR Feb. 3-4, 2024 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: _____