

2020-2021 SENIOR METANOIA

“METANOIA: CHANGE OF HEART”

2-day event:

Sat, Jan. 16, 10:00am-3:00pm + Sun, Jan. 17, time tba
OR

Sat, Feb. 13, 10:00am-3:00pm + Sun, Feb. 14, time tba

The annual senior co-ed retreat opportunity
will take place on multiple dates.
Space is limited on each, so sign up early.

Where? Saturday: Marist ARC
Please arrive by 10:00am – we will conclude for the day at 3:00pm
Lunch is included
Sunday: Time and place TBA

Fee? \$15.00 to cover lunch and materials

What to bring? Warm clothing for outdoor time

To register: To reserve a spot, use the provided sign-up link **as soon as possible**.
Space is limited, so sign-up is first-come, first-served.
Then send in the Permission and Agreement forms with fee by the deadline.

Deadline? Thursday, January 14 (for Jan. 16-17 retreat)
Friday, February 5 (for Feb. 13-14 retreat)

Sign-Up Link: <https://signup.com/go/uvNLYUq>

Questions? Contact Mr. Ferrari (Jan. 16-17) and Mrs. Boyd (Feb. 13-14)

MARIST RETREAT PROGRAM
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 2020-2021 Marist Retreats. 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 removed from the retreat.

Student Signature _____ Date _____

MARIST RETREAT PROGRAM
Parent / Legal Guardian Agreement

TO BE COMPLETED BY PARENT / GUARDIAN:

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

- have read and approve the *Student Agreement* (above)
- approve my student's participation on the Marist Senior Metanoia Retreat

Parent/Guardian Signature _____ Date _____

* * * * *

Any dietary restrictions or special needs (i.e., vegetarian)? If so, please describe. Contact Dr. Martin for questions or concerns:

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:

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!



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: Senior Metanoia Retreat Location: Marist
Church or School: Marist Catholic High School
Date of event: Jan. 16-17, 2021 OR Feb. 13-14, 2001 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: _____