

Oct. 1

Freshman Lock-In



Highlights

- Food, Food, Food!**
- Make a music video!**
- Brave exotic games!**
- Spend time with old friends!**
- Make new friends!**

**Drop off at the Marist Theater
about 3:30pm on Saturday,
October 1**

Pick up at Marist at 10:30pm

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

**Cost: \$15.00 payable to Marist
Catholic High School**



**Presented by the Marist Catholic High School
Christian Leadership Class!**



Contact person: Mrs. Ferrari at 541-686-2234

2022 Freshman Lock-In

Participant Registration / Agreement

October 1, 2022

Where? Marist Catholic High School

Phone? 541-206-4606 (in case of emergency)

Start Time? 3:30pm

End Time? 10:30 pm

Cost? \$15.00
NOTE: If there are any financial concerns, please note on registration form

Dress Code? Relaxed dress (see Family and Student Handbook for details)

~ Deadline for Registration / Agreement is Tuesday, September 27 ~
~ Turn in to Theology Teacher ~

For communication and planning

Your Name: _____

Your Theology Teacher: _____ Theology Period: _____

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

T-Shirt size: XS S M L XL XXL XXXL

***** please complete the agreement and permission form*****

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 2022-2023 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.

I have read and understand the *Student Agreement* and will act in accord to the best of my ability.

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)

Parent/Guardian Signature _____ **Date** _____

* * * * *

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

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)



CHURCH/SCHOOL EVENT PERMISSION FORM FOR STUDENT/YOUTH

LOCATION INFORMATION School Church Date: Oct. 1, 2022
Name: Marist Catholic High School Phone: 541-686-2234
Address: 1900 Kingsley Rd. City: Eugene, OR Zip: 97401

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

TO BE COMPLETED BY SPONSORING CHURCH OR SCHOOL
Event: Freshman Lock-In Location: Marist
Church or School: Marist Catholic High School
Date of event: October 1, 2022 Departure date: NA
Departure time: 3:30 AM PM Return date: NA
Estimated time of return: 10:30 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 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: _____