

# Sophomore Boys Journey Retreat (SBJR) 2022-2023

## *Basic Information*

- WHEN:** February 25-26, 2023
- WHERE:** Marist Catholic High School
- TIME:** 11:30 am Saturday – Noon Sunday  
(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).
- HOW TO REGISTER:** Drop your completed registration materials and fee off in the Front Office.
- DEADLINE:** *Registrations must be received:*
- *Wednesday, February 15*
- Cancellations after this date may not be fully refunded**
- QUESTIONS:** Contact Dr. Martin
- 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, etc., and anything that is not good for your mind, body  
or spirit!

**KEEP THIS PORTION OF THE REGISTRATION FORM FOR YOUR INFORMATION!**

## Registration

Student name: \_\_\_\_\_

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)

## Agreement Form

### **Marist Sophomore Boys 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 2022-2023 Marist Sophomore Boys 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 Boys 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 SBJR

**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 Boys Journey Retreat Location: Marist

Church or School: Marist Catholic High School

Date of event: Feb. 25-26, 2023 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: \_\_\_\_\_