



Encounter Registration Form

Marist Youth Encounter Christ is an intensive coeducational retreat conducted by the Marist Brothers since 1968. The retreat is intended to assist young women and men to better understand and strengthen their relationships with themselves, others and God. It also offers a deeper understanding of our Marist heritage.

Eligibility

This program is intended for **Seniors** and **Juniors** at Central Catholic. Encounter will take place Wednesday, November 5 at 5:00PM until Friday, November 7, 2008.

Cost

\$85.00, which will include transportation, meals and materials.
Scholarships are available for those who genuinely need financial aid: see Ms. Desjardins, Sister Terry or Mr. Maduabuchi.

Location

Oakhurst Retreat Center
120 Hill Street
Whitinsville, MA 01588
Phone: 508-234-0346

What to Bring

A sleeping bag and pillow
Towel(s)
Soap, shampoo, toothbrush & toothpaste, etc.
Casual clothes (jeans, sneakers) and active wear (sweats) for recreation periods.

Logistics

Departure:

Day 1

5PM from Central Catholic (in front of the gym)
Students will travel by bus
Be sure you eat dinner beforehand!

Return:

Day 3

Students will return in time for dismissal from school at 2PM
Front of Gym

Please keep this sheet!

Please bring to the Campus Ministry office:

1. *Marist Youth Encounter Christ* Registration Form (below)- with a check for \$85.00 payable to Central Catholic High School.
2. Central Catholic High School Permission Form (attached) – signed by parent/guardian.

Marist Youth Encounter Christ Registration Form November 5 - 7, 2008

I wish to participate in the *Marist Youth Encounter Christ* retreat program.

Your Name: _____

Homeroom: _____

Date of retreat: _____

Name of Parent or Guardian: _____

Parent phone (daytime) _____

Parent phone (evening) _____

Parent Email _____

Print name _____ M ___ F ___ HR _____

COST: \$85

CENTRAL CATHOLIC HIGH SCHOOL

300 HAMPSHIRE ST. • LAWRENCE, MA 01841
(978) 682-0260 FAX (978) 685-2707

PARENTAL CONSENT FORM

*A STUDENT WILL NOT BE PERMITTED TO PARTICIPATE
WITHOUT THIS COMPLETED FORM*

TRIP: MARIST YOUTH ENCOUNTER CHRIST

DATE: November 5 - 7, 2008

LEAVE FROM: Central Catholic High School

RETURN TO: Central Catholic High School

TRAVEL BY: BUS

PURPOSE: Religious Retreat: Students will achieve a deeper understanding of their relationships with God, other people and themselves, and a deeper understanding of their Marist heritage.

1. I request that CCHS take _____ on the above named trip.
The student agrees to abide by the rules and regulations established by the trip moderator.
2. Students are expected to behave properly and adhere to the rules. Any violations of specified rules and regulations will be dealt with firmly. Any serious violation will result in a student being sent home at the student/parents own expense.
3. The parent/guardian will pay for any damages directly or indirectly caused by the above named student.
4. Students with particular medical conditions or students under medication must bring this to the attention of the trip moderator before the trip.
5. Central Catholic and their representatives are not liable for any accidents or injuries that might occur.
6. The parent/guardian agrees to give permission to the trip moderator to make emergency medical decisions in the event it is necessary and the parent/guardian cannot be reached by phone.

MEDICAL POLICY NAME

MEDICAL POLICY NUMBER

HOME ADDRESS

PARENT/GUARDIAN PHONE NUMBER

EMERGENCY NAME & PHONE NUMBER

KNOWN ALLERGIES OR MEDICAL CONDITIONS

SIGNATURE OF PARENT/GUARDIAN