



+ Please Read AND KEEP this entire PAGE+

Description:

The Encounter Retreat at O'Dea is a special opportunity for Junior and Senior students to grow in their character and faith lives. The Retreat focuses on three vital areas: Encounter with *Self*, with *Others*, and with *God*. The program involves a healthy flow of large group sharing, fun activities, small group sharing, free time, and prayer reflections with Sacramental opportunities.

ENCOUNTER RETREAT #91

Destination: Camp Don Bosco
1401 327th Ave NE
Carnation, WA 98014
(206) 382-4562

Cost: *Encounter is FREE.*

Date of activity: March 29th-April 1st 2017

Date & Time of bus:

Departure from O'Dea: Wednesday, March 29th at 7:00 PM
Return to O'Dea: Saturday April 1st at 2:30 PM

Individual in charge: Ms. Curl

Some things to know:

1. Students will **miss school classes Thursday, and Friday**. They are expected to communicate with teachers and be academically responsible for all missed work. Speak with parents, teachers, employers, coaches, etc. about the retreat dates so that you will be *certain* you can go when you turn your application in.
2. In order to board the bus on the way to Camp Don Bosco, all students must drop their phone into the bin provided by the teacher on board. **No phones are permitted during the entirety of the retreat** due to its confidential nature and past problems with social media. If the student does not give up his phone, he will not be allowed to attend. If a student is found with a phone while on retreat disciplinary action will be taken. Please take this into consideration before signing this form.
3. **The deadline for returning this application is Friday, March 3rd**

If you have any questions about the Encounter, please contact Ms. Curl at dcurl@odea.org

PARENTAL AUTHORIZATION

Dear Parent or Legal Guardian,

Your son, or individual under your guardianship, is eligible to participate in a school sponsored activity that requires transportation to a location away from O’Dea High School. This activity will take place under the guidance and direction of school employees from O’Dea High School. **Please complete, sign and return the following statement of consent and release of liability by March 3rd**

I hereby consent to participation by _____, my son, or individual under my guardianship, in the field trip described above. I fully understand that this field trip will take place away from the school grounds, transportation will be by O’Dea vehicles and O’Dea drivers, and that my child will be under the supervision of the designated school employee on the stated dates. As parent and/or legal guardian, I have read the entire Application and understand that I remain fully responsible for any personal actions taken by the named student. I further consent to the conditions stated above on participation **AND NO CELL USE on this field trip, including the O’Dea school bus transportation. I UNDERSTAND THAT CELL PHONES ARE PROHIBITED WHILE ON ENCOUNTER AND WILL BE CONFISCATED IF DISCOVERED.

EMERGENCY DATA INFORMATION

STUDENT NAME _____

HOME PHONE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENTS’ NAMES _____

EMERGENCY CONTACT NUMBER FOR MOTHER _____

EMERGENCY CONTACT NUMBER FOR FATHER _____

EMAIL ADDRESS FOR MOTHER _____

EMAIL ADDRESS FOR FATHER _____

SCHOOL: O’Dea High School_ GRADE _____ BIRTHDATE _____

DOCTOR’S NAME _____ PHONE _____

DOCTOR’S ADDRESS _____

IN CASE OF INJURY OR ILLNESS, CONTACT (name & phone) _____

IF CANNOT BE REACHED, CONTACT (name & phone) _____

IDENTIFY ACTIVITIES THAT YOUR SON SHOULD NOT PARTICIPATE IN (for medical reasons) OR SPECIAL CIRCUMSTANCES (Allergies, Medications etc.) REGARDING MY S ON THAT O’DEA SHOULD BE AWARE OF :