

Spring

ENCOUNTER

+ 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 #95

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

Cost: *Encounter is FREE.*

Date of activity: Wednesday April 18th - Saturday April 21st

Date & Time of bus:

Departure from O'Dea: Wednesday, April 18th at 7:00 PM
Return to O'Dea: Saturday April 21st at 2:00 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 23rd**

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

PARENTAL AUTHORIZATION

I, (Parent/Guardian) , grant permission for my child, (Child's Name) , to participate in this organization-sponsored event that requires transportation to a location away from the organization site. This activity will take place under the guidance and direction of organization employees and/or volunteers from O'Dea High School .

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.

Parent Signature: _____

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 :