

The overnight Emmaus retreat, held during Advent, welcomes new members to Emmaus and strives to build community among the club members. As a retreat experience, the Emmaus retreat seeks to facilitate personal and communal reflection on the student's primary relationship with God, oneself, and others. Developing servant leadership is a focus. The Campus Minister directs this retreat along with a small team of faculty.

Friday, December 7th – Sunday, December 9th, 2007.

Depart from school at 2pm on Friday, December 7.

Return to school by 2:30 pm on Sunday, December 9.

Expectations of Students Prior to Emmaus Retreat

- Submit permission slip by Wednesday, December 5 .
- Student must be eligible to attend the Emmaus Retreat (no more than one F). Eligibility was determined at the end of the 1st quarter.
- *The cost of the retreat experience (all lodging and food) is **\$50.00**. Checks are made out to Trinity Catholic High School. If cost is a concern, please speak with Ms. Dzyak. (Payment plans are available.)*

Expectations of Students During Emmaus Retreat

- Active engagement in all experiences, including discussion and prayer
- Positive interaction with peers, other participating students & faculty members. Respect for the retreat facility and retreat center employees
- Mature disposition
- Openness to growth and sharing faith
- At all times, recognize that he/ she is representing Trinity Catholic and attending the Emmaus Retreat is a privilege.

Retreat Facility Information:

Briarwood Retreat Center
586 Shore Road
Monument Beach, MA 02553
508-759-3476

School phone 617-244-1841 x349
Cell phone (*for emergency purposes only*) 617-519-1922

Emmaus Retreat ~Trinity Catholic High School Student/Parent Contract and Permission Slip

1. I will be on time for, attentive to, and engaged in all components of the Emmaus Retreat.
2. I will respect and help care for the facilities that we use.
3. I will honor and respect my peers and the faculty members on trip.
4. I will contribute to building a positive experience for all by maintaining an appropriate environment.
5. I will keep an open mind and heart during this experience.
6. **I will not bring/use cigarettes, alcohol, drugs, or other illicit materials during this event.**
7. **I will not bring/use any type of electronic device, including portable radios and video games. (Cell phones will be permitted on an emergency-only basis.)**

I understand that any serious failure to satisfy these expectations will warrant having my parents called to pick me up from the Briarwood Retreat and Conference Center, Monument Beach, MA.

Student's signature: _____ Date: _____

Parent/Guardian Release Form

Name of Medical Insurance Plan: _____ Membership ID #: _____

Is this plan an HMO? (If YES, please provide additional phone numbers or information that we may need):

I, _____ hereby give my permission for my son/daughter to participate in the Emmaus Retreat from Friday, December 7th - Sunday, December 9th, 2007.

Signature of Parent/Guardian

Date

In an emergency situation, how can you be reached?

Parent/Guardian place of employment: _____ Telephone: () _____

Parent/Guardian place of employment: _____ Telephone: () _____

If parent(s)/Guardian(s) cannot be reached, please notify:

Name: _____ Relationship: _____ Telephone: () _____

I hereby request that the Campus Ministers, Faculty or Administration of Trinity Catholic High School act on my behalf if during this program a medical emergency develops and some decision regarding my son's/daughter's health must be made. In addition, I understand that any treatment authorized by Trinity Catholic High School, its teachers, agents and/or servants shall be at my sole cost and expense, and the authorization of said treatment by any of the above shall be by them as my agent for my son./daughter:

Signature of Parent/Guardian

Date