

Jesuit High School Campus Ministry

Sophomore Retreats 2026

Application

SON #1: Sept. 26-27

SON #2: Oct. 24-25

10:00 am Saturday to 1:00 pm Sunday



The Sophomore Retreat is a special retreat designed to look at choices that lie in front of each one of us and stretch students in their understanding of the depth of God's role in their lives.



In order to apply for this retreat, you must hand in your completed application form and your payment (payable to Jesuit High School) to the Campus Ministry Office (Lower Arrupe) one week before each retreat.

\$ The cost of the retreat is \$75. You can pay one of 3 ways:

- 1) **\$75 Cash** (attach to application form)
- 2) **\$75 Check** made out to "Jesuit High School" (attach to application form)
- 3) **Online Card** (use QR code at right **OR** use link below – also posted on Jesuit's website)



Use this link for card payment: <https://www.jesuitportland.org/spiritual-life/campus-ministry/retreat-offerings/sophomore-overnight-retreat-payment-form>

If for any reason, this cost is prohibitive, please see Mr. Clarke in campus ministry office or parents can email financialaid@jesuitportland.org for assistance. There is a special fund set aside to help those who may not be able to pay, and we do not want funding to be an issue for not attending.

Applying to the retreat involves the following stipulations:

+The retreatant promises that s/he will not bring or use any alcohol, tobacco, or other drugs or vaping paraphernalia on the retreat and understands that if s/he does, his/her parents will be informed, and s/he will be sent home. Her/his parents will be pick him/her up from the retreat site. The student will face disciplinary action at school. All school rules will apply on the retreat.

+The parents consent to pick up the child if necessary (because of behavior that is seriously disruptive of the Sophomore Retreat which, by the way, includes cell phone use). The parents will notify Mr. Clarke, Director of Campus Ministry, if they are not at home the weekend of the retreat and supply an alternate contact person and phone number.

Please print and turn in page 2 to the campus ministry office one week before the retreat.

Student's name (please print): _____
(check one below)

_____ I want to go on SON 1 from 10:00 am Saturday, Sept. 26 to 1:00 pm Sunday, Sept 27

_____ I want to go on SON 2 from 10:00 am Saturday, Oct.24 to 1:00 pm on Sunday, Oct. 25

_____ I am available both retreats and I'll let you choose one for me

If you have food allergies or restrictions, what are they? (or leave blank)

I agree to the above stipulations on page #1 and hereby apply to the Sophomore Retreat.

Sophomore Signature: _____

In a few words, let us know why you would like to go on the retreat:



I hereby release all personal injury and property damage claims against Jesuit High School and all of its employees and agents (collectively referred to as "JHS") arising from or relating to my student's participation in the above stated event. This release includes all claims against JHS based on negligence, breach of contract, any alleged statutory violation, wrongful death, and all claims based on vicarious liability. In the event of an emergency during this off-campus event, I hereby authorize JHS, at my expense, to obtain emergency care, take my student to a physician of their choice and to consent to any x-ray, medical, or surgical treatment deemed necessary, if I cannot be reached by telephone. I acknowledge that Jesuit High School would not intentionally act in a negligent manner and hereby release Jesuit High School from any claims that I might have as a result of any emergency treatment for the above-named student. I understand that my student will be subject to the Jesuit High School behavior guidelines for the duration of this activity. I give permission for my student to participate in the above-stated activities.

I agree to the above stipulations and give my consent to have my daughter/son make the retreat.

Signature of parent/guardian: _____

Parent(s) name(s)(please print): _____

Parent Cell Phone: _____

MEDICAL INFORMATION, ADDRESS, AND PARENTAL CONSENT

The medical release form and address information for this weekend will be the JHS UNIVERSAL MEDICAL INFORMATION & RELEASE that was submitted to the office at the beginning of the year.

Spanish Translation- Para obtener una traducción al español de esta solicitud, haga clic en este enlace o busque la traducción en:

www.jesuitportland.org/spiritual-life/campus-ministry/retreat-offerings