



**BREBEUF JESUIT PREPARATORY SCHOOL
SOPHOMORE RETREAT PROGRAM**

Waycross Episcopal Conference Center, Morgantown, Indiana

Students will depart Brebeuf Jesuit on chartered bus at 8:45 a.m. the first day and will return approximately 3:30 p.m. on the second day.

COST: \$195.00 (will be billed to student account following retreat)

PARENT'S PERMISSION & FINANCIAL AGREEMENT

I, the undersigned, hereby give permission for my child, named below, to take part in this retreat. Students will be transported by chartered bus driven by bus company personnel.

Drugs (including tobacco) and alcohol are forbidden; parents and the Brebeuf Jesuit Dean of Students will be called and students will be sent home if in violation of this expectation.

All retreats and Campus Ministry activities are covered under and governed by the school policy in regard to confidentiality of personal sharing except in cases of danger to life, health, safety, or criminal activity. If a student brings up issues such as suicidal thoughts or attempts, physical or sexual abuse, substance abuse, behavior related to eating disorders, criminal activity, or other situations which are determined, on the part of the retreat director, to be a threat to their own or another's life, health or safety, the student **should expect follow-up** during and/ or after the retreat, which may include contact with the student's parent, Brebeuf Jesuit School Social Worker and/or other adults. Campus ministry has a legal obligation to inform authorities of physical abuse, sexual abuse or other criminal activity. Campus ministry has an ethical and professional obligation to inform parents and make appropriate referrals if a student has an untreated problem with substance abuse, an untreated eating disorder, is felt to be in danger of self-harm, or has other difficulties which indicate a need for outside intervention. Except in these cases, all team members and participants are expected to respect the confidentiality of all involved in retreats or other activities.

I have read, acknowledge and accept these expectations and understand that following the retreat my student's account will be billed for the cost of the retreat (\$195.).

Student Name: _____ **Date:** _____

Student Signature: _____

Parent/Guardian Signature: _____

Scholarships are available. If needed, please contact Bree Ballard in the Campus Ministry Office 317.524.7122 or bhaler@brebeuf.org.