

# Kairos 26 Application and Registration



Kairos 26, hosted by St. Francis Xavier Parish  
LaSalle Manor Retreat Center, Plano, Illinois  
Dates: July 27 – July 30, 2017  
(Last Day to Sign Up is June 30, 2017)

## Section One: Personal Information

First and Last Name \_\_\_\_\_

School \_\_\_\_\_ Grade/Class (Fall 2017) 11 12 13

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Parent email \_\_\_\_\_

Church/Faith Community \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

## Section Two: Guidelines and Expectations

*Please initial to signify that you meet the guidelines and will adhere to the expectations.*

\_\_\_\_\_ In the fall of 2017 I will be a junior or senior in high school or a college freshman.

\_\_\_\_\_ I will participate in all group activities.

\_\_\_\_\_ I will respect the property we will be using, as well as the property of others.

\_\_\_\_\_ I will not leave the facility during the retreat.

\_\_\_\_\_ I will not bring illegal substances or electronic devices (phone, iPod, games).

\_\_\_\_\_ Alcoholic beverages/ drugs of any kind/ sex are not allowed, and will not be tolerated.

\_\_\_\_\_ My signature below confirms my agreement with the preceding terms.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section Three: Applicant Questionnaire

1. How did you hear about Kairos? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Please explain briefly why you want to attend the Kairos retreat. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section Four: Parent/ Guardian Affidavit and Authorization**

I give permission for my teen \_\_\_\_\_, to attend the Kairos retreat sponsored by St. Francis Xavier Parish, during the dates of July 27-30, 2017. I am aware that my teen will travel by bus and stay at LaSalle Manor Retreat Center in Plano, IL.

I hereby release and indemnify the LaSalle Manor Retreat Center, its staff, the staff and volunteers of St. Francis Xavier Parish, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program. In the event that I, my spouse, or our authorized physician cannot be reached, and in the judgment of the adult leaders, if there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

I understand that I will be called and asked to pick up my child immediately if he/she does not abide by the rules of the weekend as stated on the reverse.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Physician \_\_\_\_\_ Physician phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy/ Group Number \_\_\_\_\_

Please list below any and all of your child's medical problems, medication, or dietary needs..

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return this form and \$275 fee\*\*\* to:**

St. Francis Xavier Parish  
Attn: Fr. Bill Tkachuk, 124 N Spring Ave, La Grange, IL 60525  
(For online payment, go to <https://www.givecentral.org/location/218/event/11410>)

\*\*\*If cost is the only thing keeping you from joining us, please contact Fr. Bill at (708)352-0168 or [wtkachuk@sfxlg.org](mailto:wtkachuk@sfxlg.org) for scholarship information.