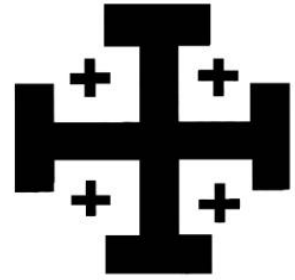


Kairos 27 Application and Registration



Kairos 27, hosted by St. Cletus Parish

Dates: November 2-5, 2017

(Last Day to Sign Up is Sept 18, 2017)

Section One: Personal Information

First and Last Name _____

School _____ Grade/ Class _____

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.

_____ Currently I am a junior or senior in high school.

_____ 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. In a few short sentences, please explain 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. Cletus Parish, during the dates of November 2-5, 2017. I am aware that my teen will travel by bus and stay at Cabrini Retreat Center in DesPlaines, IL.

I hereby release and indemnify the Cabrini Retreat Center, its staff, the staff and volunteers of St. Cletus 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 _____

On the lines below, please advise us of any medical problems, medication, or dietary needs of your child.

Return this form and \$275 fee*** to:
St. Cletus Parish
Attn: Elizabeth Tomasek
600 West 55th Street
La Grange, IL 60525

***If cost is the only thing keeping you from joining us, please contact Elizabeth Tomasek at (708) 215-5419 or etomasek@stcletusparish.com for scholarship information.