

Kairos 29 Application and Registration



Kairos 29, hosted by St. Francis Xavier Parish
Portiuncula Center for Prayer, Frankfurt, Illinois

Dates: June 7-10, 2018

(Last Day to Sign Up is May 16, 2018)

K29 is for teens who will be seniors in high school or freshmen in college in the fall.

Section One: Personal Information

First and Last Name _____

School _____ Grade/Class (Fall 2017) 12 13

Street Address _____

City _____ Zip _____

Teen phone # _____ Teen 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 2018 I will be a 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 June 7-10, 2018. I am aware that my teen will travel by bus and stay at Portiuncula Center for Prayer in Frankfurt, IL.

I hereby release and indemnify the Portiuncula Center for Prayer, 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 _____ Parent Cell # _____

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: Olivia Hollman, 124 N Spring Ave, La Grange, IL 60525

***If cost is the only thing keeping you from joining us, please contact Olivia at (708) 352-0168 or ohollman@sfxlg.org for scholarship information.