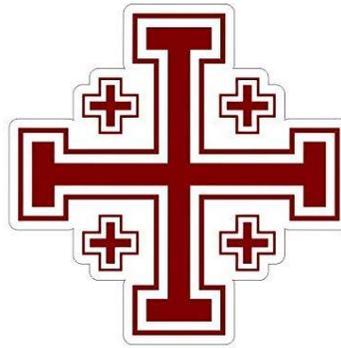


Kairos 34 Retreat Registration

Kairos 34, hosted by St. Cletus Parish
Cabrini Retreat Center, Des Plaines, Illinois
Dates: **November 14-17, 2019**
Retreat Fee: \$275



Return this form and \$275 retreat fee to:

St. Cletus Parish, Attn: MaryClaire Zurowski
700 West 55th Street, La Grange, IL 60525

Checks made payable to St. Cletus Parish. If cost is the only thing keeping you from joining us, please contact MaryClaire Zurowski at mzurowski@stcletusparish.com for scholarship information.

The registration deadline is **October 25. If you need to drop from the retreat before this date, you will receive a full refund, but we cannot authorize refund if you drop after the registration deadline. Special exceptions may be made for illness or family emergencies.**

Section One: Personal Information

First & Last Name _____ **Date of Birth** _____
School _____ **Grade** 11 12 **T-Shirt Size** _____
Address _____
Teen Phone _____ **Teen Email** _____
Parent Name(s) _____
Parent Phone _____ **Parent email** _____
Church/Faith Community _____

Section Two: Guidelines and Expectations

Please initial to signify that you meet the guidelines and will adhere to the following 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, etc.).

_____ 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: Teen Questionnaire

How did you hear about Kairos?

Please briefly 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 14-17, 2019. I am aware that my teen will travel by bus and stay at Cabrini Retreat Center in Des Plaines, 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 _____

If there is an emergency and I cannot be reached, please contact:

Name _____

Phone Number _____

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

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