

**KAIROS XIX**  
**SPONSORED BY THE CHURCH OF ST. MARY**

**Who:**

All Juniors and Seniors in High School. Students from any school are welcome.

**Date:**

Thursday, February 10 through Sunday, February 13, 2011

**Time:**

We will meet at the St. Mary's UGC Cafeteria on Thursday at 5:00pm for pizza, and then we will leave at 6:00pm, by bus, for the retreat center. We will return from the retreat on Sunday evening, February 13.

**Location:**

Marytown Retreat and Conference Center, Libertyville, IL

**Registration Fee:**

The total registration fee is \$225. Please make checks payable to "Church of St. Mary."

**Scholarships:**

Some scholarships are available. Please call the Youth Ministry Office to inquire.

**Food & Transportation:**

All food and transportation is included in the registration fee.

**Application Process:**

- Applications will be accepted on a first come, first served basis.
- Applications are not complete unless accompanied by the \$225 registration fee and all necessary parent signatures.
- Applications can be returned by mail or can be dropped off in the rectory office at the Church of St. Mary, or in the wooden mailbox outside the Parish Center.
- All applications will be carefully considered.

**What can you expect from Kairos:**

1. You will get a day off from school.
2. You will have fun, with opportunities for sports, games, and other activities.
3. You will have a chance to spend a weekend hanging out with your friends, and getting to know them better.
4. You will meet new people, some of whom you never thought you'd have anything in common with.
5. You will eat a lot!
6. You will get a weekend away from all your regular commitments.
7. You will have a chance to grow in faith.
8. You will be surprised!

**Contact Information:**

Lillie Romeiser (Youth Minister)

847-234-7337

[LRomeiser@churchofstmary.org](mailto:LRomeiser@churchofstmary.org)

Website: [coryouthministry.org](http://coryouthministry.org)

**KAIROS XIX APPLICATION AND REGISTRATION**



**Event:** KAIROS XIX Retreat sponsored by the Church of St. Mary

**Date:** Thursday, February 10 through Sunday, February 13, 2011

**Place:** Marytown Retreat and Conference Center, Libertyville, IL

**Section One: Personal Information**—MUST BE LEGIBLE!

Name \_\_\_\_\_  
FIRST LAST (NICKNAME)

Church (*optional*, for data purposes only) \_\_\_\_\_

Gender: M / F School \_\_\_\_\_ Grade/Class \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Section Two: Guidelines and Expectations**

*Please initial each item to signify that you meet the given guideline and will adhere to the given expectation.*

- \_\_\_\_\_ I am a Junior or Senior in High School.
- \_\_\_\_\_ I will participate in all the group activities.
- \_\_\_\_\_ I will respect the property we will be using, as well as the property of other retreatants.
- \_\_\_\_\_ I will not leave the facility during the retreat.
- \_\_\_\_\_ I will not bring any illegal substances of any kind. Alcoholic beverages, drugs of any kind, and sex are not allowed on the weekend, and will not be tolerated.
- \_\_\_\_\_ My signature below confirms my agreement with the preceding terms.

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

**Section Three: Applicant Questionnaire**

**1. Where did you hear about Kairos?** \_\_\_\_\_

\_\_\_\_\_

**2. In a few short sentences, please explain why you want to attend the next Kairos retreat.**

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\_\_\_\_\_

\_\_\_\_\_

**3. How would your participation in Kairos be of benefit to your peers or to the Kairos program?**

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

I give permission for my child, \_\_\_\_\_, to attend the KAIROS Retreat sponsored by the Church of St. Mary, during the dates of February 10-13, 2011, at the Marytown Retreat and Conference Center, in Libertyville, IL.

I hereby release and indemnify the Marytown Retreat and Conference Center, its staff, and the staff and volunteers of the Church of St. Mary, 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 if he/she does not abide by the rules of the weekend as stated above.

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

Parent Name(s) \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_

Parent Email \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

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

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

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

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**Please return this form and the \$225 registration fee (checks can be made out to "Church of St. Mary"), AS SOON AS POSSIBLE. Applications can be dropped off in the rectory office or in the wooden mailbox outside the Parish Center, or mailed to the following address:**

**Church of St. Mary, Kairos  
201 E. Illinois Rd.  
Lake Forest, IL 60045**