

KAIROS XIV APPLICATION AND REGISTRATION



***KAIROS XIV
Church of St. Mary :: Lake Forest, IL***

Event: KAIROS Retreat sponsored by The Church of St. Mary
Date: Thursday, October 23 through Sunday, October 26, 2008
Place: George Williams Retreat Center in Williams Bay, WI

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

Name _____
FIRST LAST (NICKNAME)

Church (*optional* for data purposes only) _____

School _____ Grade/Class _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone (____) _____ Cell Phone (____) _____

Email (only if you use it!) _____ Gender: M / F

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 others on the retreat
- _____ 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

Please answer the following questions on the lines provided. Please feel free to attach an additional page, if necessary.

1. Where did you hear about Kairos? _____

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

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

Section Four: Parent/Guardian Affidavit and Authorization

Please complete the following:

I give permission for my child, _____, to attend the KAIROS Retreat sponsored by The Church of St. Mary, during the dates of October 23-26, 2008, at the George Williams Retreat Center, in Williams Bay, WI.

I hereby release and indemnify the George Williams Retreat Center, its staff, 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.

Signature _____ Date _____

Print Name _____ Telephone # (____) _____

Name of physician _____ Telephone # (____) _____

Medical Insurance Company _____

Policy/Group Number _____

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

Return this form, and the \$200 registration fee, AS SOON AS POSSIBLE.

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