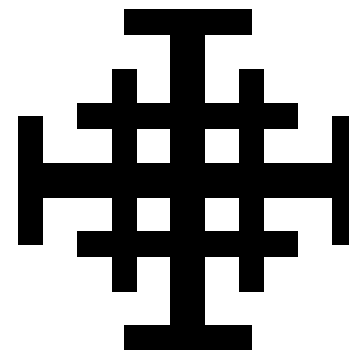


Registration instructions:



Kairos Retreat - Friday, June 24—Monday, June 27, 2016

If you would like to register for the Kairos retreat, you will need to fill out both sides of this form with and return it with a non-refundable deposit of \$35 to the Faith Formation Office at St. Isidore Parish, 427 W. Army Trail Rd, Bloomingdale IL. For our preparation process, St. Isidore parishioners and invited guests should return this form before May 30, 2016. After May 30th, the retreat will be open to youth from any parish. All registration forms need to be returned by June 1, 2016. Register earlier to ensure you will have a spot! If you are registered and fully paid by May 30, 2016 your fee is reduced by \$20. Registrations will be accepted on a first come first serve basis. The remaining fee can be paid with your initial deposit, or anytime before June 24, 2016.

The total cost of the retreat is \$195. This includes all your housing, food, transportation, and materials for the retreat.

The retreat is ONLY for Juniors and Seniors in High School. The retreat is co-educational and participants need not be Catholic to come. You will share a room during the retreat with one other youth participant of yours same gender and need only bring appropriate clothing and hygiene supplies.

The following information is needed: Participant Name _____

Name of Kairos leader who asked you to come _____

School _____ Year of Graduation _____ Gender M/F

Address, City, State _____

Participant Contact phone # _____ email: _____

Participant's parent's name _____

Parent's Contact phone # _____ email: _____

Participants please fill out the following questions. These will only be read by the retreat team, and your honesty is appreciated. You may use additional sheets of paper if needed.

How did you find out about the Kairos retreat and what do you hope to get out of it.?

How would you describe your relationship with God? With the Church? How do you wish these relationship would change?



Diocese of Joliet - St. Isidore Parish

Faith Formation Office
427 W. Army Trail Rd
Bloomington IL, 60108

630-529-9191
Fax 630-529-8882

PERMISSION FORM FOR Kairos Retreat – February 12—15, 2016

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in the Kairos Retreat, leaving from St. Isidore Parish and held at the Carmelite Spirituality Center in Darien IL, on the following day(s): June 24—June 27, 2016

I hereby release and indemnify my parish, St. Isidore, its staff, volunteers and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behaviour

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behaviour, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behaviour. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____
Date: _____

Parent/Guardian Signature: _____
Date: _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the _____ event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name: _____

Birth Date: _____

Allergic to medication/other? NO YES (circle one)
If yes, please describe:

Medication(s) presently taking:

Insurance Information

Policy in the name of:

Insurance Company:

Policy Number:

Authorized Physician:

Phone #:

Parent/Guardian Signature: _____

Date:

Address:

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Wireless Phone: _____ Other: _____

In case of Emergency, contact: _____

Phone #'s: