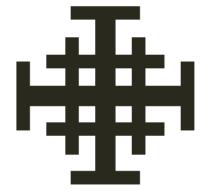


# Kairos Application Student Agreement



Thank you very much for expressing interest in attending North Side Kairos 10. We are very excited about you being with us for the weekend. Before filling out the application, double check your schedule to make sure you are available for the retreat. ***The retreat will begin at 5pm on Friday, August 7 and you will not return until Monday, August 10 in the evening.*** Then please talk to one of the coordinators listed on the reverse side to express your interest and reserve a space.

**All participants must abide by the rules of the retreat.**

**RULES:** During Kairos you are expected to participate in all the group activities; respect the property of Bellarmine Jesuit Retreat House; not to leave the retreat grounds; and make phone calls only with the permission of the Retreat Coordinators. You are asked to not bring cell phones, pagers, PDAs, mp3 players, TVs, iPods, laptops or discmans/walkmans to the retreat. You are also required to abstain from alcoholic beverages, any illegal drug and sexual intimacy during the retreat.

**I HEREBY AGREE TO ABIDE BY THE RULES OF THE WEEKEND.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ School attended: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Year of School Completed: \_\_\_\_\_

Alternate phone #: \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Religious Denomination: \_\_\_\_\_

Parent/Guardian work number: \_\_\_\_\_ Parish: \_\_\_\_\_

Other Parent/Guardian: \_\_\_\_\_ Parent e-mail: \_\_\_\_\_

**On a separate piece of paper, please write a paragraph or two and answer the following questions. These are not application questions, they are merely used to inform the Kairos team a little about you so we can prepare to serve you better. Only the team will read your responses.**

How did you find out about the retreat?

What do you hope to gain from the retreat?

What is your relationship, if you have one,  
with your friends, your family, and/or God?

Do you have any special concerns you would like the team to know about?

-- PLEASE SEE OTHER SIDE --

# Kairos Application

## Parental Permission Form

The following statements are confirmed by the signature of the parent/guardian of (son/daughter's name) \_\_\_\_\_.

I understand that Kairos will take place at Bellarmine Jesuit Retreat House and that my child will be under adult supervision. The conditions of the activity, including departure, return and bus ride, are understood and accepted.

I also understand that the staff of Bellarmine Jesuit Retreat House, the sponsoring and participating parishes, their staffs and volunteers and the Catholic Bishop of Chicago, a corporation sole, are released and indemnified from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I understand that if, in the event of an emergency, when the emergency contact person cannot be reached, nor the authorized physician of my child, and, in the judgment of the Retreat Coordinator or other responsible person accompanying the retreat, there is a necessity for immediate examination and/or treatment of my child, the aforesaid responsible personnel have the authority to obtain for my child such medical services as are deemed necessary.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Name of emergency contact, August 7-10: \_\_\_\_\_

Emergency contact's phone #: \_\_\_\_\_

Medical conditions/allergies: \_\_\_\_\_

Medications taken: \_\_\_\_\_

Doctor's name and phone #: \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

You should contact one of the Retreat Coordinators listed below to reserve a space immediately. **Verbal reservations must be accompanied by a written application by Wednesday, July 15, 2009.**

The cost of the retreat is \$200. A non-refundable deposit is required when turning in this application. Scholarships to Kairos are available but must be arranged in advance of making the \$50 deposit. Checks may be made out to **St Nicholas Parish**.

Please mail completed, signed application to Bill McCarthy, c/o St. Nicholas Parish, 806 Ridge Ave, Chicago, IL 60202, or fax to Bill's attention at 847.

### **Contact Our Retreat Coordinators:**

**Bill McCarthy:** 847-951-7031

**Rachel Hohner:** 312-351-2457

**David Heineman:** 773-875-5484

**e-mail:** northside.kairos@gmail.com