

# KAIROS

Join us to see why past participants consider Kairos an essential experience in life!

## 9 GOD'S TIME

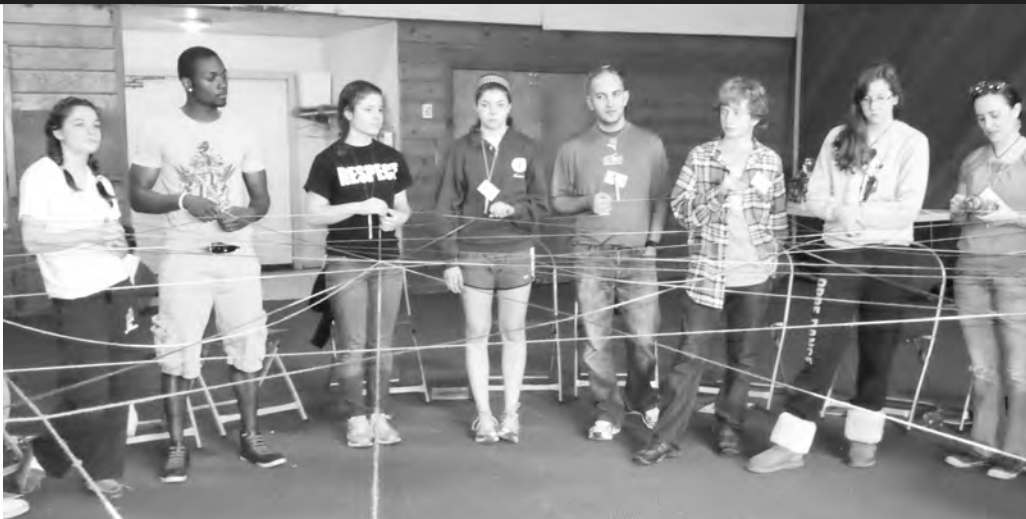
Friday, February 24th, 3:30pm -  
Sunday, February 26th, 4:00pm  
Camp Quarryledge - Oswego, IL

*"Kairos is made special just for you. You really get an experience that's all your own."*

*"Kairos made me realize that everyone has a story. It gave me the fresh start I was looking for all along!"*

*"Kairos has always been something close to my heart. I learn about myself, my relationships, and God."*

**OPEN TO ALL JUNIORS AND SENIORS IN HIGH SCHOOL!  
REGISTER BEFORE FEBRUARY 1ST, 2012  
SCHOLARSHIPS ARE AVAILABLE - PLEASE DON'T LET COST  
STOP YOU FROM SIGNING UP FOR THE RETREAT!**



**QUESTIONS? CALL OR EMAIL!**

AMANDA - (708) 435-8922  
ACOLLINS@STLUKEPARISH.ORG

DAN - (708) 434-1555  
DLAWLER@ASCENSIONCHURCH.COM

THERESA - (708) 383-4185  
TMATTHEWS@STGILESPARISH.ORG

# **Kairos 9 Retreat Registration Form**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Sign this Accountability Agreement (for participants of all ages to sign):**

- I will treat everyone with respect and I will try my best to follow Jesus's commandment to love my neighbor.
- I agree to follow the safety and behavior guidelines explained by the adult leaders.
- I will not leave the boundaries of the center during the course of the retreat. If I need to make arrangements to arrive late or leave early, I will contact the coordinators in advance.
- I will take part in the retreat free of the influence of alcohol, tobacco, and illegal substances. I will not bring any knives, guns, or weapons of any kind.
- I will notify an adult leader if I feel uncomfortable, unsafe, or ill during the course of the retreat.
- I will come to the retreat with an open heart and mind.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name on Policy: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_

Allergies/Dietary Needs/Medication: \_\_\_\_\_

I request that my daughter/son \_\_\_\_\_ be allowed to participate in the Kairos Retreat on Friday, February 24<sup>th</sup> to Sunday, February 26<sup>th</sup>. I understand adults will adequately supervise the teens in all activities. I accept full responsibility for any property damage or bodily injury which results from the failure of my daughter/son to follow instructions of the adults supervising including removal of the participant from the activity. I give permission for any video or photos taken of my son/daughter, or contact information, to be used for promotional purposes for St. Luke, St. Giles, and Ascension Parishes. I hereby release and indemnify St. Luke, St. Giles, and Ascension Parishes and the Archdiocese of Chicago, staff and volunteers, 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 of an emergency, I give my permission for emergency transportation and medical treatment. In the event that the undersigned cannot be reached, and in the judgment of the designated supervisor of the activity or other responsible person accompanying the group, there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of personnel to obtain for such medical services as are deemed necessary.

\_\_\_\_\_/\_\_\_\_\_  
**(Signature of Parent/Guardian)** **(date)**

***Return to your parish office with \$175 check made payable to your youth ministry program:***

Dan Lawler  
Ascension Parish Center  
808 S. East Ave.  
Oak Park, IL 60304

Amanda Collins  
St. Luke Parish  
528 Lathrop  
River Forest, IL 60305

Theresa Matthews  
St. Giles Parish  
1025 N. Columbian  
Oak Park, IL 60302