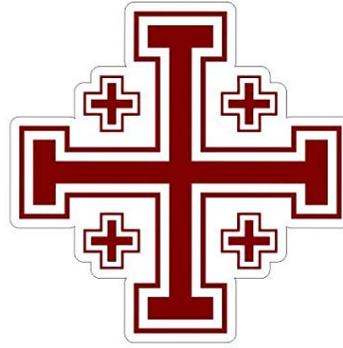


# Kairos 34 Retreat Registration

Kairos 34, hosted by St. Cletus Parish  
Cabrini Retreat Center, Des Plaines, Illinois  
Dates: **November 14-17, 2019**  
Retreat Fee: \$275



## **Return this form and \$275 retreat fee to:**

St. Cletus Parish, Attn: MaryClaire Zurowski  
700 West 55<sup>th</sup> Street, La Grange, IL 60525

**Checks made payable to St. Cletus Parish.** If cost is the only thing keeping you from joining us, please contact MaryClaire Zurowski at [mzurowski@stcletusparish.com](mailto:mzurowski@stcletusparish.com) for scholarship information.

*\*The registration deadline is **October 25**. If you need to drop from the retreat before this date, you will receive a full refund, but we cannot authorize refund if you drop after the registration deadline. Special exceptions may be made for illness or family emergencies.\**

## Section One: Personal Information

First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School \_\_\_\_\_ Grade 11 12 T-Shirt Size \_\_\_\_\_  
Address \_\_\_\_\_  
Teen Phone \_\_\_\_\_ Teen Email \_\_\_\_\_  
Parent Name(s) \_\_\_\_\_  
Parent Phone \_\_\_\_\_ Parent email \_\_\_\_\_  
Church/Faith Community \_\_\_\_\_

## Section Two: Guidelines and Expectations

*Please initial to signify that you meet the guidelines and will adhere to the following expectations.*

\_\_\_\_\_ Currently I am a junior or senior in high school.

\_\_\_\_\_ I will participate in all group activities.

\_\_\_\_\_ I will respect the property we will be using, as well as the property of others.

\_\_\_\_\_ I will not leave the facility during the retreat.

\_\_\_\_\_ I will not bring illegal substances or electronic devices (phone, iPod, games, etc.).

\_\_\_\_\_ Alcoholic beverages/drugs of any kind/sex are not allowed, and will not be tolerated.

\_\_\_\_\_ My signature below confirms my agreement with the preceding terms.

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

**Section Three: Teen Questionnaire**

How did you hear about Kairos?

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Please briefly explain why you want to attend the Kairos retreat.

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

I give permission for my teen \_\_\_\_\_, to attend the Kairos retreat sponsored by St. Cletus Parish, during the dates of November 14-17, 2019. I am aware that my teen will travel by bus and stay at Cabrini Retreat Center in Des Plaines, IL.

I hereby release and indemnify the Cabrini Retreat Center, its staff, the staff and volunteers of St. Cletus Parish, 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 immediately if he/she does not abide by the rules of the weekend as stated on the reverse.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Cell phone \_\_\_\_\_  
Physician \_\_\_\_\_ Physician phone \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_  
Policy/ Group Number \_\_\_\_\_

If there is an emergency and I cannot be reached, please contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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