



Dear Juniors:

KAIROS 145 leaves after school Tuesday, April 9, and arrives back at Jesuit at 5:45 p.m. Friday, April 12. KAIROS 145 is your first opportunity to make a KAIROS retreat. I encourage you to consider this opportunity.

The KAIROS tradition is a very important reality at Jesuit. KAIROS not only impacts the lives of the upperclassmen, but it has a profound impact upon the entire school community from faculty to freshmen.

In order for you to register for KAIROS, please have your **parent(s)** complete both sides of the attached form. Space cannot be confirmed until you turn in your form with your parent's signature.

We can take up to 48 retreatants for KAIROS 145. We will begin accepting applications at 7:30 am on Tuesday, March 5, in the Campus Ministry Office, and will continue accepting until the retreat is full. If more than 48 students submit their application prior to 8:15 am, we will hold a lottery and students will be placed on the waiting list.

Peace,

Mr. Paul LeBoeuf
Director of Campus Ministry



Campus Ministry Kairos Retreat Parent Permission Form

I the undersigned parent or legal guardian of: _____ DOB: _____
give permission for my child to attend and participate in all activities associated with this retreat. This includes transportation via employee-driven, Jesuit owned or rented van or contracted charter bus supplied by Jesuit High School, to and from the Jesuit Retreat Center of the Sierra in Applegate, California, and sleeping over at the center. Employees and adult agents of Jesuit High School are hereby given supervisory authority during this time period, and all rules outlined in the Jesuit High School Student-Parent Handbook are applicable.

I certify that my child is adequately healthy to participate in this activity. I list below any physical or medical problems that the supervising staff should know about such as allergies including food allergies, asthma, prescriptions, dietary restrictions (including vegetarian, no pork, etc).:

I authorize and consent to any medical treatment that may be required in my absence, including x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care that the supervising staff deems necessary for the safety and protection of my child. I understand that any costs incurred as a result of illness or injury will be my responsibility.

Medical Insurance Carrier: _____ Group #: _____

Medical Record #: _____

Emergency Contact Persons during Retreat:

Name: _____ Relationship to Participant: _____

Phone: _____ Alternate Phone: _____

Name: _____ Relationship to Participant: _____

Phone: _____ Alternate Phone: _____

Jesuit High School, its directors, officers, employees, and agents are hereby released and held harmless from all claims or actions which I may have arising out of any actions taken in good faith during this activity.

Signature of Parent or Guardian

Date

Should the need arise to contact your son during the retreat, please make note of the following:

Jesuit Retreat Center of the Sierra, 1001 Boole Road, Applegate, CA 95603 Telephone: 530-878-2776

Please complete this emergency release as well as the address form which follows

CAMPUS MINISTRY - KAIROS 145

Leaves Tues., April 9 returns Fri., April 12, 2019 at 5:45 pm

Parents: Please read and complete **BOTH PAGES** of this form.

If you have any questions, please call Mr. LeBoeuf at 480-2192

Please print a response to all 5 of the following, even if some do not apply:

1) Student's Name _____

Mailing Address _____ City _____

Zip Code _____ Cell Phone Number _____

Student's Email address _____ @ _____

2) Father's Name _____

Address (if different from student) _____ City _____

State/Zip _____ Hm. Phone _____ Cell Phone _____

Father's Email Address _____ @ _____

3) Mother's Name _____

Address (if different from student) _____ City _____

State/Zip _____ Hm. Phone _____ Cell Phone _____

Mother's Email Address _____ @ _____

4) Male Stepparent (**please print "Not Applicable" if there isn't one**)

HisName _____

Home Phone _____ Cell Phone _____

Email Address _____ @ _____

5) Female Stepparent (**please print "Not Applicable" if there isn't one**)

Her Name _____

Home Phone _____ Cell Phone _____

Email Address _____ @ _____