



Dear Seniors:

KAIROS 148 leaves after school Tuesday, January 21, 2020, and arrives back at Jesuit at 5:45 p.m. Friday, January 24, 2020. I encourage all Seniors to take advantage of this opportunity as early in the year as possible.

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 148. We will begin accepting applications at 7:30 am on Wednesday, December 11, in the Campus Ministry Office. We expect this Kairos to be filled with a waiting list, so you are strongly encouraged to submit your application before school on December 11, 2019.

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).:

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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.

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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 148**

Leaves Tues., January 21, 2020, returns Fri., January 24, 2020 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 \_\_\_\_\_ @ \_\_\_\_\_

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2) Father's Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Hm. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_ @ \_\_\_\_\_

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3) Mother's Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ Hm. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_ @ \_\_\_\_\_

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

HisName \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

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

Her Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_