

# Kairos Retreat Registration (11-12)

Please complete both sides and **RETURN TO DOWLING BUSINESS OFFICE**

THERE WILL BE A WAITING LIST WHEN RETREATS FILL UP.

Changes take place right up until the week before the retreat.

This is a special "time of the Lord". This is what the word "**KAIROS**" means. It is a Christian experience of prayer and reflection, run by a team of adults and students. Student responsibility and commitment are essential to the effectiveness of the retreat. Since this retreat is grounded in seeking and "being in" the presence of God, cell phones and mp3 players (such as ipods) are not allowed. Emergency phone numbers will be made available prior to each retreat.

The retreat runs from **Thursday after school until about 5:00 on Sunday**. Please do not make plans for anything else during that time. Students cannot join the retreat late or leave and return to attend other events.

Student name \_\_\_\_\_ Male Female Junior Senior

Student Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's work phone \_\_\_\_\_ Mother's Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's work phone \_\_\_\_\_ Father's Email Address \_\_\_\_\_

Home parish \_\_\_\_\_

Retreat dates: please indicate which retreat you would like to attend. **Note: there is a mandatory parent meeting** prior to each retreat to discuss the faith development of juniors, campus ministry and the retreat experience. **Parent meetings will be at 6:30pm and you will receive a reminder letter with details about a week prior.**

\_\_\_\_\_ October 20-23 (parent mtg Oct 3)

\_\_\_\_\_ February 2-5 (parent mtg Jan 16)

\_\_\_\_\_ December 1-4 (parent mtg Nov 14)

\_\_\_\_\_ February 16-19 (parent mtg Jan 30)

\_\_\_\_\_ January 19-22 (parent mtg Jan 3)

\_\_\_\_\_ April 12-15 (parent mtg Mar 26)

\_\_\_\_\_ May 3-6 (parent mtg Apr 16)

**COST:** Because of the length of the program (three full days), it is necessary to charge \$185.00 to help cover the costs. **No student will be turned down because of money! See Brenda Wheeler in the business office for financial aid.** **FULL PAYMENT IS DUE AS SOON AS POSSIBLE.** Payment can be sent to the Business Office.

*(Please complete both sides of form)*

# PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: \_\_\_\_\_

Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
Parent or guardian's name Child's name

to participate in this Dowling Catholic event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from \_\_\_\_\_  
Dowling Catholic High School.  
Name of school

Type of event: Kairos retreat **Date of event**  
Destination of event: Creighton Retreat Center, Griswold, Iowa  
Individual in charge: Mrs. Christy Sheaff or Mr. Erik Smith  
Estimated time of departure and return: 3:00pm Thursday to 5:00 pm Sunday  
Mode of transportation to and from event: school bus  
Cost to be paid by the student: \$185

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Dowling Catholic High School, its officers, directors, employees and agents, and the Diocese of Des Moines, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Des Moines, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission to Treat

I hereby grant permission for **nonprescription medication** (such as pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed necessary.

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

I understand that retreatants will be closely supervised and that if a **serious illness or injury** develops, medical and/or hospital care will be given.

The closest medical facility to the retreat center is Cass County Hospital in Atlantic, Iowa. I further understand that in case of serious injury or illness we will be notified but if it is impossible to contact us we give permission for emergency treatment as recommended by attending physician. I further understand that I am responsible for payment of any doctor and/or hospital fees arising from the treatment of my child. To assist the doctor and/or hospital in that task we provide the following information:

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Best option of phone number to contact \_\_\_\_\_ other number to contact \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
policy # or subscriber SS# \_\_\_\_\_ subscriber birth date \_\_\_\_\_  
Subscriber name (please print) \_\_\_\_\_