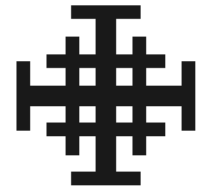


N.S. Kairos 17 Application Student Agreement



Thank you very much for expressing interest in attending North Side Kairos 17. We are very excited about you being with us for the weekend. Before filling out the application, double check your schedule to make sure you are available for the retreat. *The retreat will begin at 5:00 pm on Friday, August 12 and you will not return until Monday, August 15 in the evening.* Then please talk to one of the coordinators listed on the reverse side to express your interest and reserve a space, as well as completing and returning this form.

All participants must abide by the rules of the retreat.

RULES: During Kairos you are expected to participate in all the group activities; respect the property of Bellarmine Jesuit Retreat House; not to leave the retreat grounds; and make phone calls only with the permission of the Retreat Coordinators. You are asked to not bring pagers, PDAs, mp3 players, TVs, gaming systems, iPods/iPads, laptops, tablets or discmans/walkmans to the retreat. You are also required to abstain from alcoholic beverages, any illegal drug and sexual intimacy during the retreat.

I HEREBY AGREE TO ABIDE BY THE RULES OF THE WEEKEND.

Student Signature: _____ **Date:** _____

Name: _____ E-mail: _____

Address: _____ School attended: _____

_____ Gr. Completed: 10th 11th 12th _____

Home phone #: _____ Date of Birth: _____

Youth cell phone #: _____ Language(s) spoken: _____

Religious Denomination: _____ Parish: _____

Parent/Guardian Name(s): _____

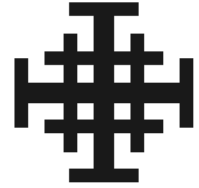
Parent cell phone: _____ Parent e-mail: _____

On a separate piece of paper, please write a paragraph or two and answer the following questions. *These are used to inform the Kairos team a little about you so we can prepare to serve you better. Only the team will read your responses.*

1. How did you find out about the retreat?
2. What do you hope to gain from the retreat?
3. What is your relationship with your friends, your family, and/or God?
4. Do you have any special concerns you would like the team to know about?

– PLEASE SEE SECOND PAGE –

N.S. Kairos 16 Application – Parental Permission Form



The following statements are confirmed by the signature of the parent/guardian of
(son/ daughter's name) _____.

I understand that Kairos will take place at Bellarmine Jesuit Retreat House and that my child will be under adult supervision. The conditions of the activity, including departure, return and bus ride, are understood and accepted.

I hereby release and indemnify the Archdiocese of Chicago, Bellarmine Jesuit Retreat House for this event, its staff and volunteers; and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the program. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called and notified about the situation and/or arrangements made to send my child home at my expense.

I understand that if, in the event of an emergency, when the emergency contact person cannot be reached, nor the authorized physician of my child, and, in the judgment of the Retreat Coordinators or other responsible persons accompanying the retreat, there is a necessity for immediate examination and/or treatment of my child, the aforesaid responsible personnel have the authority to obtain for my child such medical services as are deemed necessary.

I give permission for my child to be contacted by the Retreat Coordinators about retreat business according to the guidelines of the Archdiocese of Chicago for contact with youth.

I GRANT PERMISSION for the adult chaperons for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.) YES NO

I AUTHORIZE N.S. Kairos Team to use photographs/videos of my child for productions, publications, associated websites, etc. YES NO

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Email: _____ Home phone: _____ Cell phone: _____

Name of emergency contact (NOT the above parent), August 12-15: _____

Emergency contact's phone #: _____

Medical conditions/allergies (incl. any special diet): _____

Medications taken: _____

Doctor's name and phone #: _____

Insurance policy number: _____

TO APPLY: You should contact one of the Retreat Coordinators listed below to reserve a space immediately. This form must be received no later than Friday, July 5. **Please return completed, signed application** by email to northside.kairos@gmail.com or by mail to **James Holzhauer-Chuckas, c/o Youth Ministry Office**, St. Nicholas Parish, 806 Ridge Ave, Evanston IL 60202 or fax to James' attention at **847-864-7810**.

COSTS: The cost of the retreat is **\$225**. **A non-refundable deposit of \$50 is required when turning in the application. The remaining balance must be received by August 12.** There are limited funds for financial support; funds will be awarded on a first come first serve basis. Please complete a Financial Aid Request Form. Checks should be payable to **St. Nicholas Parish**.

Contact Our Retreat Coordinators: Reach us all via northside.kairos@gmail.com.
Carol Nowatzke, 847.446.0856 x132 Annette Mika, 847.544.5090 Bill McCarthy, 847.951.7031

Se habla español: David Heineman, 773.875.5484 Rachel Hohner, 773.539.7510

James Holzhauer-Chuckas, 847.864.1185 x18

– PLEASE SEE FIRST PAGE –