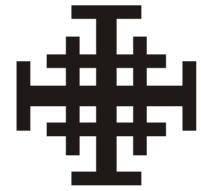


N.S. Kairos 14 Application Student Agreement



Thank you very much for expressing interest in attending North Side Kairos 14. 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 9 and you will not return until Monday, August 12 in the evening.*** Then please talk to one of the coordinators listed on the reverse side to express your interest and reserve a space.

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: _____ Birth Date: _____

Address: _____ E-mail: _____

_____ School attended: _____

Home phone #: _____ Year of School Completed: _____

Alternate phone #: _____ Language(s) spoken: _____

Parent/Guardian: _____ Religious Denomination: _____

Parent/Guardian work number: _____ Parish: _____

Other Parent/Guardian: _____ Parent e-mail: _____

On a separate piece of paper, please write a paragraph or two and answer the following questions. *These are not application questions; they are merely 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 OTHER SIDE --

N.S. Kairos 14 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 Coordinator or other responsible person 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, and etc. ____ YES ____ NO

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

Email: _____ Home: _____ Cell: _____

Name of emergency contact (NOT the above mentioned), August 9-12: _____

Emergency contact's phone #: _____

Medical conditions/allergies: _____

Medications taken: _____

Doctor's name and phone #: _____

Insurance policy number: _____

You should contact one of the Retreat Coordinators listed below to reserve a space immediately. This form must be received by Monica Sarinana at 806 Ridge Ave, Evanston IL 60202, monicas@nickchurch.org no later than Monday, July 15. There are limited funds for financial support; funds will be awarded on a first come first serve basis. The cost of the retreat is \$200. **A non-refundable deposit of \$50 is required when turning in the application. The remaining balance must be received by August 2.** Checks should be payable to **St. Nicholas Parish.**

Please mail or email completed, signed application to Mónica J. Sariñana, c/o St. Nicholas Parish, 806 Ridge Ave., Evanston, IL 60202, or fax to Mónica's attention at 847-864-7810.

Contact Our Retreat Coordinators:

Mónica Sariñana: 847.864.1185 ext. 33 Gregg Belgard: 847.544.5090 Darius Villalobos: 773.388.8674
Carol Nowatzke: 847.446.0856 x132 or northside.kairos@gmail.com