



Dear Senior,

First, on behalf of SAINTS, we're happy you are choosing to go on a KAIROS retreat. We are confident that each member of the class of 2021 will have a memorable and enjoyable retreat.

The Retreat will begin after school on Friday March 5th and go until 10:00pm. It will continue Saturday from 8:00am-10:00pm and Sunday 8:30am-1:00pm.

KAIROS has become a long running tradition at Saints and is now in its 18th year. KAIROS not only impacts the lives of the upperclassmen, but it has a profound impact on the entire school community, from freshmen to faculty.

In order for you to register for KAIROS, please have your parent (s) complete both sides of the attached form, and include a check for \$75.00 to reserve your spot. **Your total retreat fee will be \$75.00.** If your family cannot afford the entire \$75.00 retreat fee, scholarship money is available for you to use. To apply, please have a parent or guardian write a brief letter to the campus ministry office requesting financial aid. Money will never be the reason that keeps a SAINTSMAN from attending a KAIROS retreat.

Space cannot be confirmed until you turn in your form and either a check or financial aid letter from your parent. Spaces are reserved on a first come, first serve basis. Our retreat capacity is 42 retreatants.

Please complete and return this by **Thursday, February 18th**.

Peace,

Mrs. Yoakum
Director of Campus Ministry
619-282-2184 x5595

Tee Shirt Size select one M L XL XXL XXXL

Student Name _____ Mail Address _____
Student email _____ City _____
Student Phone _____ Zip _____

1.Parent/Guardian _____ Cell (_____) _____
Parent Email _____ Home (_____) _____

2.Parent/Guardian _____
Parent Email _____ Cell (_____) _____

Elementary School _____ Parish/ Youth Group _____

AUTHORIZATION FOR CONSENT TO TREATMENT OF MINOR
(Please print or type all information)

I (We), the undersigned, parent(s)/guardian(s) of _____, a minor, do hereby consent to the participation of said minor in this retreat and give him permission to make use of the facilities at St. Augustine High School.

The undersigned also authorizes the Campus Ministry Team of St. Augustine High School as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. I further agree to pay any and all costs associated with treatment not covered by our insurance.

Parent/Guardian name Please Print _____

Parent/Guardian Signature _____ Date _____

Student Information:

Date of Birth _____

Medical Insurance Company _____ Physician Name _____

Policy Number _____ Physician Phone (_____) _____

Food or Drug Allergies _____ Medication currently taken _____

Special Dietary Needs _____ Dosage / times taken _____

By checking this box, I certify that I will complete a health and hygiene check each morning before going to Saints for the Kairos retreat.

Saintsmen Parent/ guardian

PARENTAL PERMISSION AND RELEASE FORM

I request that St. Augustine High School allow my son _____, to participate in the **Kairos Retreat at St. Augustine High School from Friday, March 5th –Sunday, March 7th 2021.** I/We understand and are aware there are certain risks and dangers involved while traveling to and from this activity; and participating in the above activity. I/We as parent(s)/guardian(s) agree to release and hold harmless St. Augustine High School, their directors, officers, agents, employees and volunteers from any claims, liabilities, damages, or suits which may emanate from circumstances and/or activities beyond the control of St. Augustine, their employees, agents, volunteers or representatives. I/We also understand that there will be periodic times throughout the retreat where each individual retreatant will not be closely monitored by adult supervision, and that the St. Augustine code of conduct is expected to be followed at all times.

Parent/Guardian Signature _____ Date _____