



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 2025 will have a memorable and enjoyable retreat. We will be leaving before school on Wednesday, December 4th and returning Friday, December 6th by 4:30 pm.

KAIROS has become a long running tradition at Saints and is now in its 20th 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 \$185.00 to reserve your spot. **Your total retreat fee will be \$185.00.** If your family cannot afford the entire \$185.00 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 in person to the Campus Ministry office. Spaces are reserved on a first come, first serve basis. **Students will be placed on a waitlist once capacity has been reached.**

Please complete and return this by **Wednesday, November 6th.**

God Bless,

Tee Shirt Size select one

M L XL XXL XXXL

Ms.Hammock
Director of Campus Ministry
619-282-2184 x5595

Student Name	Mail Address
Student email	City
Student Phone	Zip
1 Parent/Guardian	
_____	Home (_____) _____
Mail Address	
_____	Work (_____) _____
(If different than student)	
City / State / Zip	
_____	Cell (_____) _____
Parent Email	

2 Parent/Guardian	
_____	Home (_____) _____
Mail Address	
_____	Work (_____) _____
(If different than student)	
City / State / Zip	
_____	(_____)
_____	Cell _____
Parent Email _____	

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 chartered bus transportation supplied by St. Augustine High School to and from the retreat center, and to sleep over at the center for three nights.

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 _____

Date _____

Parent/Guardian Signature _____

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 _____

I give permission to Campus Ministry Retreat Leaders to dispense over the counter cold / pain medicine (ie Tylenol, Dayquil etc)

Yes No

PARENTAL PERMISSION AND RELEASE FORM

I request that St. Augustine High School allow my son _____, to participate in the **Kairos Retreat at Whispering Winds Conference Center from Wednesday, December 4th – Friday, December 6th, 2024.** 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 name _____

Date _____

Parent/Guardian
Signature _____