Registration Packet for Senior Kairos Retreat

Kairos Retreat Dates

**Open Dates:**

**Kairos 28 Thurs., Nov. 10, 2016- Sun., Nov. 13, 2016 (\*Fall Play) (5 boy spots only)**

**Kairos 30 Thurs., Mar. 9, 2017- Sun., Mar. 12, 2017 (\*Spring Play practice) (5 boy spots only)**

*\*= possible conflicts, please plan accordingly*

**Cost:** **$190 In order to reserve a space, a deposit of $100 (or entire $190 payment if possible) must be handed in with packet.** Fee is payable by cash or check (made to CGHS). Rate includes room and board, bus transportation, and snacks during the retreat. Rate does NOT cover full retreat expenses; the school subsidizes the full cost of the retreat. **If the cost is prohibitive for you, please contact Ms. Anders; we do have limited scholarship.**

**Registration: Applications will be accepted until all spaces are filled. In order to register for a space on Kairos, you must hand in the completed packet and deposit to Ms. Anders.** Spaces for males and females are limited to a specific number on retreat. If you would like to go later in the year, it is best to register now. Please write your email **very clearly**, because you will be notified by email if you received a space on retreat. Forms are also online ([www.cghsnc.org/kairos](http://www.cghsnc.org/kairos)).

**Mandatory Parent Only Meeting:**

In order for the team to properly prepare for this retreat, there will be a **Mandatory Parent-Only Meeting** about a month before each retreat. All information regarding the retreat center, transportation, packing list, expectations, etc. will be given out at the meeting. **The date for each Parent Meeting will be emailed to parents.**

**Any Questions?** Please contact Dir. of Retreats, Ms. Anders at [canders@cghsnc.org](mailto:canders@cghsnc.org) with any questions.

**Please hand in this form, the completed packet and either $100 deposit or the full $190 to Ms. Ander**s.

Please print clearly:

Student’s First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please write the name you want to be called on retreat, ex: “Mike” not Michael)

Student’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-shirt size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Check only if you have a **sibling** who attend Kairos at Gibbons. (If yes, parents do not attend the meeting again.)

Parent’s email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*please do not use a family email address, it must **only be seen by parents**

Parent’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Open dates for Retreat:**

**First Choice:**

**\_\_\_Kairos 28 Thurs, Nov. 10- Sun, Nov. 13**

**\_\_\_Kairos 30 Thurs, Mar. 9- Sun, Mar. 12**

**Second Choice:**

**\_\_\_Kairos 28 Thurs, Nov. 10- Sun, Nov. 13**

**\_\_\_Kairos 30 Thurs, Mar. 9- Sun, Mar. 12**

**\_\_\_ I can only attend my 1st choice**

**More information regarding these forms will be discussed at the Mandatory Parent Only meeting.**

Dear Parents,

Thank you for giving your student the opportunity to grow in their faith on this Kairos Retreat. As with any retreat, confidentiality is essential in order to create an environment of trust. We stress that the success of this retreat relies strongly on keeping what others share, activities and talks confidential.

In general, what is said on Kairos stays on Kairos; however, we want you to be aware that there are limits to confidentiality under certain circumstances. Those circumstances include: physical abuse, sexual abuse, cutting, child neglect, and harm to self or others (including thoughts of suicide). Under these circumstances, proper notifications will be made to the school counselor, administration and/or parents. If you have any questions or concerns, please feel free to email me.

I will be discussing this topic with the retreatants at a meeting the week before the retreat and also on retreat. I appreciate the time you will take in discussing these important matters with your student. Please sign below acknowledging receipt and support of this letter.

Thank you,

Crista Anders

Director of Retreats

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Please Note:

This form needs to be signed completely and returned along with your registration in order for your child to participate in the retreat. Thank you!

**\*If anything changes closer to the retreat, please email me the information.**

**CONFIDENTIAL MEDICAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child presently under a physician’s care? \_\_\_\_Yes \_\_\_\_\_No

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications your child needs to take on the retreat. We must be aware of all medications. Depending on the medication, we may ask to keep it in a supervised place. (If anything changes closer to your retreat date, please email me).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies and course of action needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food restrictions (include if vegetarian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any other medical condition that we should be aware of? \_\_\_\_Yes \_\_\_\_No

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has permission to receive Advil from an adult leader if needed. \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to release CGHS from any and all liabilities for personal injuries and/or any adverse conditions/circumstances resulting from a student's participation in retreat activities. Also, in the event of a medical emergency, I hereby authorize the chaperones and/or emergency personnel to treat my son/daughter with the utmost care and attention. I give my permission for emergency medical treatment until I can be notified.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_**

**Code of Conduct**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please read and sign this retreat code of conduct.

1. Participants will demonstrate Christian values in their language and behavior. Please do not use vulgar language or tell inappropriate jokes.
2. All socializing will be done in public areas of the retreat center. No visiting in dorm rooms. Noise levels are to be kept down out of respect for other guests.
3. Participants will not possess or use illegal items that will endanger themselves or others including: drugs, alcohol, cigarettes, e-cigarettes, firearms, or weapons.
4. Participants will refrain from inappropriate conduct. This includes but is not limited to:

-kissing -inappropriate touching

-verbal sarcasm -massages of any kind

-any form of unwanted affection -compliments that relate to another’s body

1. Modest and appropriate clothing is required. This prohibits short shorts, tank tops, and clothing bearing a message which is contrary to Christian values.
2. No cell phones or i-pods.
3. No taking of pictures of any retreat activities. There may be no posting of ANY photos of specific retreat activities on-line.
4. **We ask that all participants follow all rules set forth by the director on the retreat and the retreat center.**

I, as a participant in the retreat, will abide by this code.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

I, the parent/guardian, agree to this code for my teen.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature Date