



KAIROS

February 25-28, 2016

Registration Deadline is February 4, 2016

Name _____ Male Female

How would you like your name to appear on your name tag? _____

Address _____

City/State _____ Zip _____

Home Phone _____ Student Cell Phone _____

Student _____
E-Mail _____

School _____ Grade _____ Age _____

Are you a member of St. Anne? Yes No
If you belong to another parish or church community, which one? _____

Mother

Father

Parent Names	_____	_____
Parent Cell Phone	_____	_____
Parent E-Mail	_____	_____

Important: Please watch your email for retreat details as your child's retreat date draws closer.

Return this form, the Permission Form, the Participant Agreement,
and your payment of \$350.00, checks payable to St. Anne,
Youth Ministry, 120 North Ela Street, Barrington, IL 60010
All registration forms and payment must be received by February 4, 2016

Registration is on a first-come basis with priority given to St. Anne Parishioners.
Non-Parishioners are welcome to register and will be placed on a wait list
which will be cleared after February 4, 2016

**Registrations submitted after February 4, 2016 will be considered on a
space-available basis only**

No refunds can be made after February 11, 2016

Questions?

Please contact Michael Hugo at 847.620.3073 or at mhugo@stannebarrington.org
or Karen Poglitsch at 847.620.3072 or at kpoglitsch@stannebarrington.org

Saint Anne Catholic Community

Parent/Guardian Permission Form for High School Retreats

THIS FORM MUST BE COMPLETED FOR EVERY YOUTH PLANNING TO ATTEND

I hereby give permission for my son/daughter _____ (child's full name) to participate in the Kairos Retreat February 25-28, 2016, to be held at Cabrini Retreat Center, 9430 Golf Road, Des Plaines, Illinois, and sponsored by Saint Anne. I understand that my child will be transported to the retreat center by Barrington Transportation bus, departing Saint Anne at 3:30 p.m. on February 25 (arrive at Saint Anne Parish Center by 3:15p.m.) and returning to Saint Anne at about 3:30 p.m. on February 28. I hereby release and indemnify Saint Anne Catholic Community, The Archdiocese of Chicago, and The Office for Catechesis and Youth Ministry of the Archdiocese of Chicago, its staff and volunteers and the Catholic Bishop of Chicago, a corporate sole, from any and all liability arising from claims of any kind or nature whatsoever relating to my child's participation in this event.

I understand that if my child violates any laws regarding possession of alcohol or drugs, or violates any rules governing the event, I will be called and notified of the situation and will be asked to arrange to have my child sent home immediately at my expense.

MEDICAL AUTHORIZATIONS

In the event that the undersigned parent/guardian cannot be reached, and in the judgment of the responsible adults or other appropriate staff members accompanying the group, if there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

EMERGENCY CONTACT - In the event that the above parents(s)/guardian(s) cannot be reached

Emergency Contact Name _____

Relationship to Child _____ Phone Number _____

Child's Physician _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

INSURANCE INFORMATION

Policy in the Name of _____ Insurance Company _____

Policy Number _____ ID Number _____

HEALTH INFORMATION

Allergies: _____

Current Medications _____

Additional Information _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Address _____

(Best cell to call) _____

**St. Anne Catholic Community
Teen Leader Agreement for High School Events**

**THIS FORM MUST BE COMPLETED PRIOR TO THE EVENT FOR EVERY YOUTH PLANNING
TO ATTEND**

In order to participate as a teen leader in the St. Anne Catholic Community Kairos Retreat on February 25-28, 2016, I _____ (participant's full name) agree to abide by the Rules of Behavior as stated below. I understand that if I choose to break any of these rules or engage in behavior that is detrimental to the event or any of the participants, I will bear full responsibility for the consequences of my actions.

RULES OF BEHAVIOR

- I will attend all scheduled activities
- I will not smoke
- I will not engage in the use of alcohol or drugs or have them in my possession
- I will treat all staff, chaperones and fellow participants with respect at all times
- I will treat the facilities and grounds with respect at all times
- I will abide by any and all additional rules expressed by the chaperones or facility staff

CONSEQUENCES OF NOT ABIDING BY THE RULES

- For behavioral infractions or breaking of rules, warning will be given and participant will have opportunity to change problematic behavior. If the **problematic behavior** continues, the participant will be asked to contact his/her parents to arrange to return home immediately.
- If the participant **brings alcohol or drugs**, the participant will be asked to contact his/her parents to arrange to return home immediately.
- If the participant **uses alcohol or drugs** during the event, even if they are not the one to bring them, they will be asked to contact his/her parents to arrange to return home immediately.

Participant Printed Name _____

Participant Signature _____ Date _____

Address _____ Home Phone _____

Email _____ Cell Phone _____

I have read the above **Rules of Behavior** and **Consequences of Not Abiding by the Rules** governing this event. I understand that if my child violates any rules governing the event, I will be called and notified of the situation and will be asked to arrange to have my child sent home immediately at my expense. I understand that I am fully responsible for any damages that may occur as a result of the actions of the subject of this agreement and that neither Saint Anne nor any of its agents will be held liable.

Parent/Guardian Printed Name _____

Address _____ Home Phone _____

Email _____ Cell Phone _____

Parent/Guardian Signature _____ Date _____