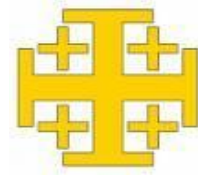




# KAIROS APPLICATION



I would like to attend the following **St. Vincent-St. Mary Kairos Retreat:**

\_\_\_\_\_ **Kairos 41**

**October 10 – 13, 2021 Loyola Retreat House  
(Application Deadline: September 27, 2021)**

\_\_\_\_\_ **Kairos 42**

**February 13 – 16, 2022 Loyola Retreat House  
(Application Deadline: January 28, 2022)**

\_\_\_\_\_ **Kairos 43**

**March 29 – April 1, 2022 Loyola Retreat House  
(Application Deadline: March 8, 2022)**

I understand that I must complete these steps before I can be placed on the official list of retreatants for the Kairos retreat I have chosen.

- I must complete and sign this form identifying which Kairos retreat I would like to attend;
- I must complete and have signed the Parental Permission Form as well as the Medical Authorization Form attached herein;
- I must remit the fee for this retreat in the form of a check or money order made payable to Saint Vincent-Saint Mary High School or cash in the amount of \$300.
- I must turn this completed application, along with my fee, to the Campus Ministry office no later than the dates stated above.

I understand that only after these forms are turned in and this fee is paid am I officially on the list of retreatants for the Kairos retreat I have identified above. **I further understand that space on the Kairos retreat is limited to 36 participants, and that retreatants are accepted in the order in which they turn in their forms and fee.**

**I understand also that, though I will be missing two/three days of school, I will be responsible for the timely completion of any assignments given to me by my teachers due to my absence. I understand that it is my responsibility to inform my teachers of my upcoming absence for the Kairos retreat, and to gather all necessary work and assignments from them.**

As this is a school activity, I understand that all Saint Vincent-Saint Mary High School rules of conduct are in force at this retreat and that violation of any of these rules of conduct can and will lead to disciplinary action up to and including the issuance of demerits, dismissal from the retreat, suspension and expulsion as delineated in the Student-Parent handbook.

My signature below indicates that I agree to the above terms and conditions.

Name: \_\_\_\_\_ / \_\_\_\_\_  
(Please print) (Please sign)

Date: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

# KAIROS RETREAT PARENTAL PERMISSION FORM

Student Name: \_\_\_\_\_ Class or Organization: Campus Ministry

Objective/Purpose of Trip: Kairos Retreat Location of Trip: Loyola Retreat House

I give my permission for my child, \_\_\_\_\_, to:

- Attend and participate in the Kairos Retreat offered by a joint Faculty/Senior student team from St. Vincent-St. Mary High School at the Loyola of the Lakes Retreat Center in Clinton, OH.
- To travel by bus to and from Loyola Retreat Center.
- **I understand that it is the responsibility of my child to inform all his/her teachers of their upcoming absence, to gather all assignments that will result due to their absence for this retreat, and to make arrangements for the timely completion of any assignments given by their teachers due to my absence.**
- **I understand that it is the responsibility of my child to complete any “make-up” work before he/she leaves for this retreat and/or upon his/her return to class after the retreat.**
- I agree to allow my child to participate in this retreat and hereby assume all the risks associated with participation and travel, to and from, and agree to hold St. Vincent-St. Mary High School, its employees, agents, representatives, and volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may be related to or connected with his/her participation in any activities related to this retreat including travel.
- I have read and understand this form and agree to the above stated conditions.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Additional phone numbers at which you may be reached.

\_\_\_\_\_  
E-mail address

## **A note to our Senior Parents from Mrs. Christine Spinner, Campus Minister:**

*The cost for this retreat is \$300 per retreatant. You must pay no later than the day of departure. If the cost of this retreat is a concern, **please** call me in the Campus Ministry Office (330-253-9113, x118).*

*We do our best to make sure that finances are never the single reason for a student not to attend a retreat. We ask that if, perhaps, you are able to afford more than the cost of your retreatant, you would consider donating more or sponsoring another student. Thank you in advance for your generosity.*



ST. VINCENT-ST. MARY HIGH SCHOOL  
15 NORTH MAPLE STREET AKRON, OHIO 44303 330-253-9113



**KAIROS RETREAT MEDICAL AUTHORIZATION  
FORM**

**PART ONE: To Grant Consent for Emergency Medical Treatment**

I hereby give consent for the following medical care providers and hospital to be called:

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

**\*\*Any dietary restrictions???**

*(Vegetarian, vegan, gluten-free, dairy intolerance, peanut/tree nut allergies, or other)*

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for **(1)** the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist: and **(2)** the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

**PART TWO: Refusal to Consent**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_