

# Fall 2022 High School Retreat



**Thurs. 12.1 — Sun. 12.4.22**

# **KAIROS**

**Hosted by  
ST. MARY OF PROVIDENCE CENTER  
Elverson, PA**

**For: High School Juniors and Seniors  
Cost: \$275 — includes accommodations  
Fee and registration form due November 11th**

*Register: [stmaryprov.org](http://stmaryprov.org) — Click on the "Retreat Tab"  
Contact: Joe Aquilante — [sijyouth@gmail.com](mailto:sijyouth@gmail.com)*

**ST. MARY OF PROVIDENCE CENTER  
KAIROS RETREAT – DECEMBER 1 – 4, 2022**

**REGISTRATION FORM**

**Part I – REGISTRATION**

RETREATANT NAME \_\_\_\_\_

PARISH \_\_\_\_\_ SCHOOL \_\_\_\_\_

GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ EMAIL \_\_\_\_\_

**Part II – PERMISSION**

Dear Parent/Guardian,

In the event of an emergency, this form will supply us with the necessary information to assist your child and contact you. Please provide the information requested concerning medication. If there is any other pertinent information concerning your child's medical situation, please feel free to attach a brief description or describe on the riverside side of this form. Please complete below:

I give my permission for (print student's name): \_\_\_\_\_ to participate in the **Kairos Retreat** on: **12/1 – 12/4/22** at **St. Mary of Providence Center, 227 Isabella Rd, Elverson, PA 19520.**

Participants must arrive at the center by **5:00 PM**. Parents must provide/arrange for the transportation of their children to and from the retreat center.

Emergency Contact (Parent/Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last check-up: \_\_\_\_\_ Date of last tetanus booster: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Plan/Group ID Number \_\_\_\_\_

Check the following items that your child is allergic to:

Penicillin  Aspirin  Tetanus Shot  Food  (specify):

Other: \_\_\_\_\_

Does your child take medication regularly? NO  YES  Medication name:

For what medical need: \_\_\_\_\_ Dosage:

If your child requires daily medication, please label to identify purpose and dosage. The school and/or moderators will not be responsible for dispensing any medication.

Check off the conditions your child has had: Asthma  Fainting Spells  Heart disease  Blood disorders

Other: \_\_\_\_\_

Do we have your permission to offer your child Over-the-Counter (OTC) medication to address any complaint he/she may express? NO  YES

See Reverse →

**Part III -- TECHNOLOGY CONSENT**

Please Initial next to approved means of communication between youth and adult leaders or volunteers to use with the above listed youth participant:

- Email (personal questions/communication)                       Email (Group/event information updates/emails)
- Cell Phone (Phone conversations only)                               Home Phone (Phone conversations only)
- Cell Phone (Text messages - individual or group/event communication/reminders/updates)
- Facebook (Youth must request to join/like group)

I give permission for photos of my child to be taken as a part of the Kairos Retreat to be used for promotional/celebratory purposes.

PARENT (GUARDIAN) SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PARTICIPANT'S NAME \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_

**Part IV -- MEDICAL /LIABILITY RELEASE**

As a parent/guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for my child: in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is intended for the date(s) 10/22-10/25/2020. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

I hereby agree to indemnify and hold harmless St. Mary of Providence Center, its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

Parent (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional description of any medical situation:

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

Return this form and the code of conduct form with payment of \$275 (made payable to **St. Mary of Providence Center**) by **November 11<sup>th</sup>** to:

**Joseph Aquilante, Youth Minister**  
**Saint Isaac Jogues Parish**  
**50 West Walker Road, Wayne , PA 19087**  
**[sjiyouth@gmail.com](mailto:sjiyouth@gmail.com) \* (610) 254-9106**

ST. MARY OF PROVIDENCE RETREAT CENTER  
KAIROS RETREAT  
PARTICIPANT CODE OF CONDUCT

PARTICIPANT NAME (print): \_\_\_\_\_  
Last First

1. Participants will enter the retreat with openness to growing deeper in their relationship with The Lord. They will also be open to building new relationships with peers and adult leaders.
2. Participants will demonstrate Christian values in their language and behavior. They must respect the presenters, planners and peers. They must arrive on time for scheduled activities. They must not leave the retreat without permission.
3. Participants will respect the rights and property of others and will not vandalize or steal. They or their family members will be responsible for financial obligations that result from such behavior.
4. All socializing will be done in the public areas of the retreat center. No visiting is permitted in the sleeping rooms. Noise levels are to be kept down out of respect for the other guests.
5. Participants will not possess or use illegal items or items that endanger themselves or others including: drugs, alcohol, firearms, fireworks, matches, cigarette lighters, knives.
6. No smoking is permitted in any room or any public space.
7. Participants will refrain from inappropriate conduct. This includes but is not limited to:
  - Kissing
  - Inappropriate touching
  - Sexual Activity
  - Massages of any kind
  - Any form of unwanted affection.
  - Verbal sarcasm
  - Compliments that relate to another's body
8. Modest and appropriate dress is required. This prohibits short shorts or skirts, tank tops, or clothing bearing a message which is contrary to Christian values.
9. Room changes will not be permitted.
10. Participants must be in rooms by curfew each night and must not break the tape seal of their door.
11. Cell phones, video games and other electronic devices are not permitted unless otherwise noted.
12. Failure to comply with the above code will result in notification of parents and possibly authorities and immediate dismissal from the retreat/conference.

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

\_\_\_\_\_  
Participant (Youth) Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date