St. Raymond Kairos #5

January 17-20, 2020

Frequently asked questions:

What is Kairos?

Kairos, which means "God's time," is a 3-night, 4-day retreat experience for juniors and seniors in high school that enables them to spend time with peers, teen and adult leaders in order to get to know themselves, others, and God more deeply. Teens leave with a deeper understanding of themselves, their values, and their relationship to God.

Why go?

This is a good question. There are so many reasons that others who have been on Kairos might share with you about why you should go. Thousands of teens go on Kairos each year. They discover who they really are and how they want to live. They gain a better sense of themselves, what is important to them, and their relationship with God. Kairos is an experience of a lifetime. Many teens who attend say it was life-changing for them, or at the very least, a powerful and positive experience. Participants often leave with new and/or deeper friendships. Talk to past Kairos participants to learn more.

Who leads the retreat?

Each specific Kairos has a teen leadership team comprised of seniors who have previously attended a Kairos retreat. Leader application and selection began last year in April for this year's retreat. The team completes over 20 hours of training and team building. Adult volunteers from the parish also attend as retreat facilitators. The power of the retreat is that it is student-led, but adult-guided.

Where is it?

Kairos #5 will be held at Cabrini Retreat Center in Des Plaines. Teens gather at St. Raymond on Friday afternoon, take a bus to retreat center, and return to St. Raymond on Monday afternoon. We will leave on Friday, January 17th around 3:30 p.m. and return in the afternoon (around 4:00 p.m.) on Monday, January 20th. Students will NOT have to miss school on Monday because it is the Martin Luther King Jr Holiday.

How much does it cost?

The cost for the 4 day/3 night retreat is $300. This includes all meals, lodging, supplies, and transportation. **However, finances and cost should not deter any teen from attending.**

Please contact **Agnes Knott at agnes.knott@st-raymond.org** if you need financial assistance. Scholarships are available.

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Registration deadline is January 2, 2020

Name_____ Male_____ Female_____

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

Address_____

City/State_____Zip code_____

Home Phone_____Student Cell Phone_____

Student E-mail_____

School attending_____Grade_____Age_____Birthday_____

Are you a member of St. Raymond? Yes_____ No_____

If you belong to another parish or church community, which one?_____

	Mother	**Father**
Parent Name	_____	_____
Parent cell phone	_____	_____
Parent E-mail	_____	_____

***Important: Please watch your email for pertinent retreat details as the retreat date draws closer.**

Parent's signature_____

To register for Kairos, please submit this form, the Permission Form, the Participant Agreement, and your payment of $300 (made payable to St. Raymond) to the following address. If you are St. Raymond parishioner, please pay on www.GIVECENTRAL.org.

St. Raymond Youth Ministry, c/o Agnes Knott, 301 S. I-Oka Ave, Mt Prospect, IL 60056

All registration forms and payment must be received by January 2, 2020.

Registration is on a first-come basis with priority given to St. Raymond Parishioners.

Please do not let finances be an obstacle to your teen's participating. Scholarships can be available. Contact Agnes Knott at agnes.knott@st-raymond.org for more information.

No refunds can be made after January 4th, 2020.

Scholarship or Donations:

I am able to help with a scholarship of _____ (enter amount) for a teen to participate in the Kairos retreat.

Your name_____ Email or phone_____

Please contact Agnes Knott at (847) 253-8600 ext 150 or agnes.knott@st-raymond.org for information.

St. Raymond Parish Parent/Guardian Permission Form for Kairos 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 on January 17-20, 2020, sponsored by St. Raymond. The retreat will be held at the Cabrini Retreat Center, 9430 West Golf Road, Des Plaines Illinois 60016. Phone is 847-297-6530. I understand that my child will be transported to the retreat center by bus, departing from St. Raymond around 3:15 p.m. on Friday, January 17, 2020 and returning to St. Raymond about 4:00 p.m. on Monday, January 20, 2020.

I hereby release and indemnify St. Raymond Church, 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 (food or dietary needs) _____

Parent/Guardian Printed Name_____

Parent/Guardian Signature _____Date_____

Address _____Best cell to call_____

St. Raymond Parish Participant Agreement for High School Retreats

***This form must be completed prior to the retreat for every youth planning to attend**

In order to participate in the St. Raymond Kairos Retreat on **January 17-20, 2020**, 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 retreat 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 retreatants 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 an opportunity to change problematic behavior. If the **problematic behavior** continues, the participant will be asked to contact his/her parents to arrange for him/her to return home immediately.

- If any participant **brings alcohol or drugs** to the retreat center and it is discovered by the staff (staff has the latitude to search bedrooms and/or luggage), the participant will be asked to contact his/her parents to arrange to return home immediately.

- If any **student uses alcohol or drugs** on the retreat, even if they are not the one to bring them to the retreat, he/she 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 St. Raymond nor any of its agents will be held liable.

Parent/Guardian Printed Name_____

Parent/Guardian Signature _____**Date**_____

Address _____**Home phone**_____

Email_____**Cell phone**_____