

**2023 – 2024 KAIROS Retreat Registration,
Parent/Guardian Registration, Permission/Liability Release**

Student Name: _____ Student Number: _____
Home Phone Number: _____
Home Address (Street, City, Zip): _____
Mother's Name: _____ Father's Name: _____
Mother's Cell Phone: _____ Father's Cell Phone: _____
Mother's Work Phone: _____ Father's Work Phone: _____
Mother's email: _____ Father's email: _____

KAIROS is a retreat for seniors directed by the COHS Staff, Faculty and Administration. Each retreat lasts three and a half days and three nights at Daylesford Abbey in Paoli, PA. KAIROS is a spiritual retreat for seniors to experience God's love by spending a special "time" with the Lord.

I/we hereby give my child, _____, permission to participate in the KAIROS Retreat program in one of the sessions during the 2023-2024 Academic Year, directed by the KAIROS Staff of Cardinal O'Hara High School. I give my child permission to use the transportation supplied by Cardinal O'Hara to and from the retreat at Daylesford Abbey in Paoli, PA. In doing so, I release Cardinal O'Hara High School and its principal agents and employees from all responsibility and liability of any nature whatsoever for any damages, injuries, or other losses that I/we or he/she may incur in the participation or transportation of the retreat. I/we understand my child's responsibilities in being part of this retreat group and will support him/her in any way that I/we can. Furthermore I accept responsibility for any medical expenses as a result of any injury sustained during the retreat.

Total Cost: \$275 Deposit: \$50 (non-refundable) by **time of Registration: JUNE 13, 2023 or later**

Balance Due: before your assigned retreat

***All checks should be made out to: "Cardinal O'Hara High School" with "Kairos 2023 Deposit" and Student Name in Memo Line**

IMPORTANT: A deposit of \$50 must accompany this signed registration/parental permission form.

Registration and placement will be on a first come basis. Fr. Taglianetti may ask the student to change their date based on availability and retreat effectiveness. Students are responsible for all missed classwork & homework during the retreat. For any questions, please see Fr. August Taglianetti in the ministry center.

KAIROS Retreat Dates for 2023 - 2024

Please indicate your preference of dates with: 1 for first choice, 2 for second choice & 3 for third choice.

February 20-23, 2024: ____ **April 23-25, 2024:** ____

I/we agree to pay the cost of the retreat of \$275 or what is determined in consultation with Fr. Taglianetti

Parent Signature _____

Date: _____

Medical Information

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.

Emergency Contact (Parent/Guardian): _____ Phone: _____

Secondary Contact: _____ Phone: _____

Insurance Information:

Company: _____ Plan/Group ID Number _____

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

Dietary Restrictions/Allergies : _____

Allergies: _____

Additional description of any medical situation: _____

***Please call Fr. Taglianetti for any concerns
610-544-3800 ext. 1805***

Retreat Code of Conduct

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, knives.
6. No smoking is permitted in any room and is confined to the outdoor designated areas.
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.
11. Cell phones, laptops, iPods, iPads, iWatch, radios, CD players, or video games 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.

Youth Signature

Date

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

Parent/Guardian Signature

Date