



REGISTRATION PACKET

Registration: February 7th - 18th

KEEP THIS PAGE FOR YOUR INFORMATION

When: There are two Kairos retreats to choose from this semester:
March 15th-18th and April 12th-15th

Where: ECCO Conference Center, Oakhurst

Cost: \$150 per participant (payment plans and scholarship options available)

Parent Hours Available: If you need parent hours and can volunteer your time or make a donation we have various needs that can use volunteer help. Please make arrangements with Ms. Myers.

Registration Check-List - Submitting your complete registration includes:

1. Sign the cancellation policy and fee form.
2. Complete the Diocesan permission slip.
3. Submit payment in full (or make financial arrangements with Ms. Myers). Make checks payable to "SJM Campus Ministry."
4. Turn in your completed registration to the North Administration Building.

Rosters fill on a first-come, first-serve basis. Only completed registrations are considered submitted.

Registration closes Friday February 18th or when roster fills.

MANDATORY Parent Meeting

One meeting must be attended for your child to be able to go on this retreat. The meeting options are as follows:

Option 1 - Wednesday February 16th, 6:00-7:00pm in room 81

OR

Option 2 - Wednesday February 23rd, 6:00-7:00pm in room 81

OR

Option 3 - Monday March 21st, 6:00-7:00pm in room 81 (April retreat only)

Refer all questions to the retreat coordinators:

Amanda Wilson, awilson@jimhs.org (March)

Clarissa Myers, cmymers@jimhs.org; ext. 143 (March)

Debbie Arceo, darceo@jimhs.org (April)

Mike Danks-Ferguson, mdanksferguson@jimhs.org (April)

- The length of the retreat will be 3½ days. Students will attend school on Tuesday and leave SJM around 3pm by bus and will return Friday around 4pm. Students will miss 3 days of school in March, (2 days in April) and all teachers will be working with students for an optimal return to the classroom. All meals and housing are provided by the camp. If any special accommodations (dietary, physical, or otherwise) need to be made for your son/daughter please notify a coordinator.
- Kairos is a very unique retreat that uses a welcoming and thought-provoking environment that challenges young people to take ownership of their faith and relationship with God. Many

Catholic schools and parishes across the nation have found this to be a very effective and influential program that in many cases is transformational. It's a great place to build community, ask questions about faith/religion, break from the everyday chaos of teenage life, grow in personal faith, and of course have a great time.

- **Mandatory Parent Meeting:** Packing checklist and more specific need-to-know details will be given at the parent meeting. If you cannot attend please contact a coordinator ASAP to make alternate arrangements.



San Joaquin Memorial's Retreat Cancellation Policy & Fee

Signature Required

Cancellations received within less than 5 business days prior to the departure date of the retreat will forfeit the full retreat fee of \$150.

I, _____, parent of _____ have read and understand San Joaquin Memorial's retreat cancellation fee policy and realize that in case of a cancellation I forfeit the retreat registration fee of \$150.

Parent Signature

Date

DIOCESE OF FRESNO PERMISSION TO PARTICIPATE IN A SCHOOL ACTIVITIES, RELEASE OF LIABILITY AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM

TO THE PARENT/LEGAL GUARDIAN: You must give permission on this annual form for your child to attend and participate in school-sponsored events and activities during this school year. You will also be required to sign permission forms for your child to participate in specific school-sponsored events, activities, and sports conducted off school grounds or outside the regular school day.

Name of Child	School Name SAN JOAQUIN MEMORIAL
Name of Parent(s)/Guardian(s)	School Year 2021-2022
<div style="display: flex; justify-content: space-between;"> <div>EVENT/ACTIVITY/SPORT</div> <div>CHOOSE ONE:</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Spring '22 Kairos Retreats</div> <div> <input type="checkbox"/> March 15th-18th <input type="checkbox"/> April 12th-15th </div> </div>	

My child is physically fit and capable of participation in this activity. I have told my child to follow the rules and instructions, given by school personnel or agents, chaperones, or diocesan personnel responsible for all school event and activity. I understand that participation in school-sponsored events and activities, including those off school grounds and outside the regular school day, involve some risk (including any travel to and from these events or activities) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the school.

In exchange for permitting my child to participate in this activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the school. I release and discharge the school from all liability or responsibility from death, illness, personal injury, or property damage arising out of the school activity and any transportation involved with the school activity.

This permission, waiver, release, and consent applies to the school named, and to the Diocese of Fresno Education Corporation, The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, all other Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

Off-Campus Field Trip Information:

Destination of Field Trip:	ECCO Conference Center	43803 CA-41 Oakhurst, CA 93644
Departure Date and Time:	March 15th, 3pm April 12th, 3pm	
Return Date and Time:	March 18 th , 4pm April 15th, 4pm	
Mode of Transportation:	School bus/carpool	<i>Trip Fee: \$150</i>

Continued on reverse side.

Parent/Guardian Names:			
Mother:	Father:		
Daytime Phone Number(s) of Parent/Guardian		Nighttime Phone Number(s) of Parents/Guardians	
Mother:	Father:	Mother:	Father:
Cell Phone/Pager		Child's Date of Birth	
Mother:	Father:		
Emergency Contact Other than Parent or Guardian			
Relationship:		Telephone Number	
Allergies (foods, drugs, insects etc.)			
Medications (name, dosage, reasons)			
Other information or Special Health/Physical Considerations (Attach extra sheet if necessary)			
Insurance Carrier		Insurance Group or ID Number	
Name of Child's Doctor		Phone Number	
Name of Child's Dentist		Phone Number	
Name of Child's Orthodontist		Phone Number	

In the event of an emergency, and if the school is unable to contact me, I authorize school personnel or other adult leadership of a school-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly license physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Diocese of Fresno will not be responsible to pay for any medical or dental expenses. A copy of this form shall be valid as the original and may be given to the adult leader of the activity.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICIAL USE ONLY	Date Form Received by School	Received by