

Shirt Size: S M L XL XXL

Attach recent student photo here ^

SMCHS (KAIROS) SENIOR RETREAT PERMISSION FORM

(Please circle one) – STUDENT PARTICIPANT or STUDENT LEADER

Event: Senior Kairos Retreat

Department: Campus Ministry

Staff: Francis Cabildo

Destination: Whispering Winds Catholic Conference Center in Julian, CA

Transportation: Charter Bus

Departure Time: 3:00PM

Return Time: 4:00 PM

Retreat Dates: _____

(Please write desired retreat and dates found on retreat website)

Dress Attire: 4 days and 3 nights of casual MODEST clothing

Participant Cost: \$400.00 **Leader Cost:** \$220 **Payable to:** **SMCHS - Campus Ministry**

Forms & Payment Due: 3 weeks prior to retreat date

NO REFUNDS OR SWITCHING RETREATS AFTER THE DUE DATE

Student Medical Release Agreement:

I hereby request that _____ participate in the trip to Whispering Winds Catholic Conference Center. (Students Name)

I, the parent (guardian) of the above named student, hereby, give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the activity. I also hereby give my consent to the school personnel at this activity to supervise and/or transport my child as needed. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

Should it be necessary for my child to have medical treatment (including dental or hospital treatment) on this trip, I hereby give the school personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree that in the event my child is injured as a result of his/her participation in the above named activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the school or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine and/or of my spouse.

Parent/Guardian's Name {Print}

Parent/Guardian's {Signature}

Student's {Signature}

Behavioral Contract

(Please initial upon reading each item.)

____ I agree to follow all rules and directions of the bus driver, student leaders, and chaperones.

____ I agree not to bring drugs, alcohol, cigarettes, or chewing tobacco on retreat.

____ I agree not to bring stink bombs, firecrackers, matches, lighters or any and all other type of explosive, flame producing object, or weapon on retreat. I also will not use anything as a weapon.

____ I agree not to bring phones, iPods, Mp3 players, radios, Walkman's, CD players, video games, Newspaper, books, homework, magazines or anything else that would distract myself, fellow retreatants, or the retreat leadership.

____ I agree to no romance of any form or sexual misconduct on this retreat.

____ I agree to respect the separation and privacy of the dorms: **girls are only allowed in the girl's dorms and boys are only allowed in the boy's dorms.**

____ I agree not to use profane language or inappropriate gestures while on retreat.

____ I agree to be back to the designated meeting place on time from any free time and all breaks.

____ At bedtime, I understand that I will have a limited amount of time to prepare for bed; then lights will be turned off and I will be expected to be silent and to go to sleep.

____ **I agree not to go outside the dorms at night after bedtime.**

____ **I agree to stay in my dorm until breakfast or the wake up bell in the morning is rung.**

____ I agree to have a fun and respectful attitude and participate fully in all activities and events.

I understand and agree to these rules and guidelines. I also understand and acknowledge that if the retreat leadership believes my behavior warrants me being sent home, I will be sent home and my parents will be held financially responsible for my transportation and the cost of any damages caused by my inappropriate behavior.

Student's {Signature}

Student {Initials}

Date

Parent/Guardian's Signature

Date