

# Judge Memorial High School

## † Kairos Retreat

April 4-7th, 2019

### Retreat Registration

Please complete both papers, both sides and **RETURN TO JUDGE HIGH SCHOOL CAMPUS MINISTRY OFFICE**

The October 2018 Kairos retreat will be Judge Kairos #5 and open to juniors. We will accept students on a first come, first serve basis with completed applications and payment for retreat made.

The retreat runs from **Thursday after school until about 2:00 on Sunday**. Please do not make plans for anything else during that time. Students cannot join the retreat late or leave and return to attend other events.

Student name \_\_\_\_\_

Male

Female

JMHS Junior

JMHS Senior

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's cell phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's cell phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Home parish \_\_\_\_\_

Doctor name and phone number \_\_\_\_\_

**Note: There is a mandatory parent meeting** prior to the retreat to discuss the faith development of our students, campus ministry and the retreat experience. **Parent meeting will be at 6:30pm and you will receive a reminder message with details approximately two weeks prior to the meeting.**

Please list any **allergies or dietary requirements** of which we need to notify the kitchen staff (vegetarian, peanut allergies, gluten intolerance, etc.). It is important that we know about these things ahead of time.

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**COST:** Because of the length of the program (three full days), it is necessary to charge \$150.00 to help cover the costs. **No student will be turned down because of money! See Celina Poppe in the Campus Ministry Office for more information.** FULL PAYMENT IS DUE AS SOON AS POSSIBLE. Payment can be sent to the Business Office.

Individual in charge: Mrs. Celina Poppe and Ms. Catherine Coffey

Estimated time of departure and return: 3:30 pm Thursday to 2:00 pm Sunday

Mode of transportation to and from event: school bus

Cost to be paid by the student: \$150 (Please make checks out to Judge Memorial High School)

***Permission to Treat***

I hereby grant permission for **nonprescription medication** (such as pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If parents cannot be reached at the time of an emergency and if immediate observation or treatment is urgent in the perception of school authorities or chaperones, I request, authorize, and will be responsible for necessary emergency medical care. Our physician or dentist may be contacted and is authorized to release requested information. I further understand that the chaperones will endeavor to safeguard the health and safety of each student but will, in no way, be held responsible in case of accident or illness.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Best option of phone number to contact \_\_\_\_\_

Additional number to contact \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Policy # or subscriber # \_\_\_\_\_

Subscriber birth date \_\_\_\_\_

Subscriber name (please print) \_\_\_\_\_

*This retreat is a special time for students to take a step away from their lives in order to learn about themselves, their relationships with others and their relationship with God. The word “**KAIROS**” means “God’s Time.” Since this retreat is grounded in seeking and “being in” the presence of God, cell phones and other electronic devices are not allowed. Emergency phone numbers will be made available prior the retreat.*



# JUDGE MEMORIAL CATHOLIC HIGH SCHOOL

A Diverse, Catholic, College Preparatory High School

Judge Memorial Catholic High School • LLC Series #107 • 650 South 1100 East, SLC 84102 • 801.363.8895  
www.judgememorial.com

## Field Trip Parent Release Form with transportation

This is to inform you that your son/daughter is scheduled for a trip sponsored by the school. Students will be transported by JUDGE MEMORIAL CATHOLIC HIGH SCHOOL. You are asked to sign this release as stated below.

I hereby consent to my son/daughter taking the trip as listed below.

Student Name \_\_\_\_\_

To: \_\_\_\_\_ Camp Kostopulos  
For: \_\_\_\_\_ Kairos Retreat #5 Date: \_\_\_\_\_ April 4-7<sup>th</sup>

I expressly relieve, indemnify, save and hold harmless Judge Memorial Catholic High School the Judge Memorial Financial Trustees, and all agents or employees thereof from and against any and all liability or claims arising from injury or damage to person(s) or property(s) or both caused by or resulting from my child's acts, omissions or conduct while on said trip. I also release and relieve the aforementioned school, diocese and personnel from any and all liability or claims arising from injury or damage of any person other than the negligence of said district or personnel.

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

Phone Number(s) where parent/guardian can be reached. \_\_\_\_\_  
\_\_\_\_\_

### ----- EMERGENCY CARE INFORMATION AND AUTHORIZATION -----

Please use the reverse as needed to provide any additional information.

List two local relatives, neighbors, or friends to who you delegate full authority and temporary care of your child if you cannot be reached immediately.

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Please list medication allergies your student has: \_\_\_\_\_

List all medication your student is currently taking: \_\_\_\_\_

I authorize the school to seek and authorize medical aid in case of emergency (i.e.) an ambulance, paramedics, fire department, medical treatment, hospital admission, etc.)

The school does not assume any responsibility in the above emergency procedure used and does not assume payment for the measures taken.

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