

**Registration Packet for Senior Kairos Retreat**

**Kairos Retreat Dates -Remaining Open spots for Boys**

1. Tuesday-Friday, May 28-31, 2019 (school will be out for summer)
2. Thursday-Sunday, Feb. 6-9, 2020 \*Jazz and Pop Music Festival on Sunday
3. Thursday-Sunday, Mar. 26-29, 2020

*\*= possible conflicts, please plan accordingly*

**Cost: \$190** A deposit of \$100 (or entire \$190 payment if possible) must be handed in to Ms. Anders with this packet. Fee is payable by cash or check (made to CGHS). Rate includes room and board, retreat materials, and snacks during the retreat. Rate does NOT cover full retreat expenses; the school subsidizes the rest of the cost of the retreat. **If the cost is prohibitive for you, please contact Ms. Anders via email; we do have partial and full scholarships.**

**Registration:** Girls may email Ms. Anders to get on a wait list. Registration will be on a rolling basis until all spaces are filled. In order to register, you must hand in the completed packet and deposit to Ms. Anders. Spaces for males and females are limited on each retreat. If you would like to go later in the year, it is best to register now. Please write your email **very clearly**, because you will be notified by email if you received a space on retreat. Forms can be found at <https://www.cghsnc.org/faith/retreats/kairos>.

**Mandatory Parent Only Meeting:**

There will be a **Mandatory Parent-Only Meeting** for each retreat. All information regarding the retreat center, transportation, packing list, expectations, etc. will be given out at the meeting. **The date for each Parent Meeting will be emailed to parents. \*\*The May meeting date is in this packet (April 8<sup>th</sup>).**

**Any Questions?** Please contact Dir. of Retreats, Ms. Anders at [canders@cghsnc.org](mailto:canders@cghsnc.org) .

Student’s First and Last Name: \_\_\_\_\_ (name you want to use on retreat; ex: “Mike” not Michael)

Student’s email: \_\_\_\_\_@student.cghsnc.org Student’s cell: \_\_\_\_\_

T-shirt size: \_\_\_\_\_ Birthday: \_\_\_\_\_

\_\_\_\_\_ Check only if you have a **sibling** who attended Kairos at Gibbons. (If yes, parents **MUST still** attend the meeting.)

Parent’s email: \_\_\_\_\_

**\*\*please do not use a family email address, it must only be seen by parents**

Parent’s Phone Number: \_\_\_\_\_

**Date Choice :**

**Only Boy spots are open. Girls can email to get on Wait List.**

- 1<sup>st</sup> choice**
- \_\_\_ Tuesday-Friday, May 28-31
  - \_\_\_ Thursday-Sunday, Feb. 6-9
  - \_\_\_ Thursday-Sunday, Mar. 26-29

- 2<sup>nd</sup> choice**
- \_\_\_ Tuesday-Friday, May 28-31
  - \_\_\_ Thursday-Sunday, Feb. 6-9
  - \_\_\_ Thursday-Sunday, Mar. 26-29

- 3<sup>rd</sup> choice**
- \_\_\_ Tuesday-Friday, May 28-31
  - \_\_\_ Thursday-Sunday, Feb. 6-9
  - \_\_\_ Thursday-Sunday, Mar. 26-29

# **KAIROS RETREAT**

**Cardinal Gibbons High School**

**Ms. Crista Anders**

[\*\*retreats@cghsnc.org\*\*](mailto:retreats@cghsnc.org)

**919-834-1625 x 274**

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## **Mandatory Parent Meeting**

### **May retreat:**

\*\*\*There will be a Mandatory Parent Only meeting for May, on **Monday, April 8<sup>th</sup> (6-7:30pm) in the Library**. If May is your 1<sup>st</sup> choice, please make sure your parents are aware. I will email them more information and the sign-up for the meeting.

### **Sept/Oct retreat:**

\*\*\*There will be an **evening** combined Mandatory Parent Only meeting for Sept and Oct in **early May** in the Library. Once registrations are entered, I will email parents more information, the date and the sign-up for the meeting.

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More information regarding these forms will be discussed at the Mandatory Parent Only meeting.

Dear Parents,

Thank you for giving your student the opportunity to grow in their faith on this Kairos Retreat. As with any retreat, confidentiality is essential in order to create an environment of trust. We stress that the success of this retreat relies strongly on keeping what others share, activities and talks confidential.

In general, what is said on Kairos stays on Kairos; however, we want you to be aware that there are limits to confidentiality under certain circumstances. Those circumstances include: physical abuse, sexual abuse, cutting, child neglect, and harm to self or others (including thoughts of suicide). Under these circumstances, proper notifications will be made to the school counselor, administration and/or parents. If you have any questions or concerns, please feel free to email me.

As senior year can be a stressful time, emotions can be increased. Please make sure that your senior is in a good emotional place to attend this retreat. In order to make this the best experience for your senior, please email/call me if there is anything we should be aware of before the retreat.

I will be discussing this topic with the retreatants at a meeting the week before the retreat and also on retreat. I appreciate the time you will take in discussing these important matters with your student. Please sign below acknowledging receipt and support of this letter.

Thank you,  
Crista Anders  
Director of Retreats

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please Note:

This form needs to be signed completely and returned along with your registration in order for your child to participate in the retreat. Thank you!

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**\*If anything changes closer to the retreat, please email me the information.**

## CONFIDENTIAL MEDICAL INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child presently under a physician's care? \_\_\_ Yes \_\_\_ No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications your child needs to take on the retreat. We must be aware of all medications. Depending on the medication, we may ask to keep it in a supervised place. (If anything changes closer to your retreat date, please email me).

\_\_\_\_\_  
\_\_\_\_\_

Allergies and course of action needed:

\_\_\_\_\_

Food restrictions (include if vegetarian):

\_\_\_\_\_

Is there any other medical condition that we should be aware of? \_\_\_ Yes \_\_\_ No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

\*As senior year can be a stressful time, emotions can be increased. Please make sure that your senior is in a good emotional place to attend this retreat. In order to make this the best experience for your senior, please email me if there is anything that I should be aware of before we leave for retreat.

My child has permission to receive Advil from an adult leader if needed. \_\_\_\_\_ Yes \_\_\_\_\_ No

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I consent to release CGHS from any and all liabilities for personal injuries and/or any adverse conditions/circumstances resulting from a student's participation in retreat activities. Also, in the event of a medical emergency, I hereby authorize the chaperones and/or emergency personnel to treat my son/daughter with the utmost care and attention. I give my permission for emergency medical treatment until I can be notified.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Code of Conduct

Name: \_\_\_\_\_

Please read and sign this retreat code of conduct.

1. Participants will demonstrate Christian values in their language and behavior. Please do not use vulgar language or tell inappropriate jokes.
2. All socializing will be done in public areas of the retreat center. No visiting in dorm rooms. Noise levels are to be kept down out of respect for other guests.
3. Participants will not possess or use illegal items that will endanger themselves or others including: drugs, alcohol, cigarettes, juuls/e-cigarettes, firearms, or weapons.
4. Participants will refrain from inappropriate conduct. This includes but is not limited to:
  - kissing
  - inappropriate touching
  - verbal sarcasm
  - massages of any kind
  - any form of unwanted affection
  - compliments that relate to another's body
5. Modest and appropriate clothing is required. This prohibits short shorts, tank tops, and clothing bearing a message which is contrary to Christian values.
6. No cell phones or i-pods.
7. No taking of pictures of any retreat activities. There may be no posting of ANY photos of specific retreat activities on-line.
8. **We ask that all participants follow all rules set forth by the director on the retreat and the retreat center.**

I, as a participant in the retreat, will abide by this code.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

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