ST. JOHN BOSCO HIGH SCHOOL

SALESIAN COLLEGE PREPARATORY

I request that my son, _____ ID #_____ be allowed to travel to:

Event:	**Kairos Retreat**
Place:	**St. Andrew's Abbey Youth Retreat Center**
Location:	**31001 N. Valyermo Road, Valyermo 93563**
Telephone:	**(661) 944-2178**
Departing:	**Tuesday, February 2, 2027 at 3:30 PM**
Returning:	**Friday, February 5, 2027 at 5:30 PM**

I agree to direct my son to cooperate and conform to directions and instructions of the supervisory personnel in charge of the retreat.

Mandatory Information

A payment of $50 must accompany this form to reserve your son's place on the selected retreat.
The total cost of the retreat is $350. The balance of $300 can be paid at any time before the retreat.
Contact: Dr. Francesca Po fpo@bosco.org

I request that my son be permitted to participate in the Kairos retreat. As a condition of being allowed to do so, I hereby release and discharge the school from any and all claims for personal injuries or property damage that my son may suffer as a result of participation in the event described above. Should it be necessary for my son to have medical treatment while participating in this event, I hereby give the school personnel permission to use their judgment in obtaining medical service 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 to relieve the school and other participating adults from any liability in connection with this request, including transportation in connection therewith. I also understand that any insurance benefits that are effective have limited application.

Vegetarian: Yes or No

Student Email: _____

Any Allergies:_____

Parent Email:_____

Parent/Guardian Name (Please Print)

Date: _____

_____

Parent/Guardian Signature

Parent/Guardian Cell Phone

_____

_____

I have read the above and agree to cooperate and conform to directions and instructions of the supervisory personnel in charge on the field trip.

_____ _____

Student Signature

Date

_____ _____

Student Address

City, State, Zip Code