



ST. JOHN BOSCO HIGH SCHOOL
SALESIAN COLLEGE PREPARATORY



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

Event: Kairos Retreat
Place: St. Edward Retreat Center, Wrightwood
Location: 5701 Acorn Drive, Wrightwood CA 92397
Telephone: (626) 773-2424
Departing: 2:30 p.m. – Tuesday, March 15, 2022
Returning: 5:30 p.m. – Friday, March 18, 2022

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)

PARENT MEETING: Tuesday, March 1, 2022 at 6:30pm in SJB Chapel

****A payment of \$25.00 must accompany this form to reserve your son's place on the selected retreat. The total cost of the retreat is \$325.00. The balance of \$300.00 can be paid at any time before the retreat. *Financial assistance is available on a needs basis.* Contact Mr. Ed Torre at (562) 920-1734 Ext. 518 or etorre@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

Parent/Guardian Day Phone

Parent/Guardian Evening 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