



Canisius High School Kairos Permission Slip



STUDENT (PLEASE PRINT) _____

I hereby grant permission for my son to attend the event below and understand that the information listed pertains to this event and that all CHS rules apply from departure to return.

_____ parent signature _____ date

You must commit to entire retreat, from 8:20AM on the first day until 6:00PM on the third day.

Date of retreat: Choose Dates -- (1) for First Choice, (2) for Second Choice, and (3) for Third Choice.

- | | |
|----------------------------------------|------------------------------------|
| _____ Kairos 102 September 26-28, 2018 | _____ Kairos 105 March 20-22, 2019 |
| _____ Kairos 103 December 5-7, 2018 | _____ Kairos 106 June 12-14, 2019 |
| _____ Kairos 104 January 23-25, 2019 | |

You must give at least two weeks' notice if you have to change retreats.

Place of Event: Cradle Beach Camp (Angola, NY)

Means of Travel: _____ School Vehicle
 (check one)
 ___X___ School-chartered Bus
 _____ Other (specify no transportation)

CHS adult supervisors for this event: Canisius faculty/staff

Parent #1 Full name _____ Email _____

Parent #2 Full name (if applicable) _____ Email _____

Please check this box if parents have two different mailing addresses.

_____ emergency contact phone number #1 _____ name

_____ emergency contact phone number #2 _____ name

As a student of Canisius, I agree to follow the rules of CHS and understand that these rules are in effect the entire duration of this event from departure to return.

_____ student signature _____ date