



Capuchin Youth & Family Ministries

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845-424-3609

Email: cyfm@cyfm.org Website: www.CYFM.org

CYFM, a ministry of the Capuchin Province of St. Mary, offers retreats and programs through the financial support of the Province and its donors! Become one today!



Senior Retreat 2018

Sat, May 5, 7pm – Sun, May 6, 4pm, registration deadline is Tues. May 1, 2018

Please Print Clearly. Incomplete or illegible applications cannot be processed.

Name: _____
First Middle Initial Last Name Tag Name

Address: _____
Number & Street City/Town State Zip

Phone: _____ E-Mail: _____
(Area Code) Number E-mail address **You will receive an acceptance letter with details, please ck your e-mail. Print Clearly:** zero:Ø, I, i L, l, O, o

We send our electronic newsletter to everyone (keep an eye out for it, you may be in it!) Check here to also receive e-mail updates about CYFM programs/events: Applicant Parent **Don't MISS a thing, to sign up for Flocknote, CYFM's text message communication system, text CYFM to 84576. We'll send important updates & info; secure and respectful!**

Age: _____ Date of Birth: ____/____/____ Sex: M F Grade: _____ School: _____

Parish _____
Parish Name City State

Parents' Names: _____ Parent's E-Mail: _____
(If different from above, we send acceptance letter & info to parents)

Medical conditions/illness/Medications/Allergies/diet: _____
Please notify our office if this applicant is exposed to any communicable disease during the three weeks prior to this retreat

Payment

\$80.00 Fee
(-) \$40.00 Deposit due by Tuesday prior to retreat. Click below to make payment (deposits must be sent US mail only; online must pay full fee)

_____ Balance due at registration check in.

Parent/Guardian Permission

I, _____ give my son/daughter _____ permission to attend the Senior Retreat at Capuchin Youth & Family Ministries (CYFM). I agree to waive and relinquish all claims I may have against CYFM/Province of St. Mary of the Capuchin Order, and its officers, agents, servants, employees and volunteers as a result of my son/daughter's participation in the program.

Medical Matters:

I hereby warrant that to the best of my knowledge, my son/daughter is in good health, and I assume all responsibility for the health of my child. I hereby grant the adult leaders of this retreat full authority to take whatever action they consider to be warranted under the circumstances regarding my son/daughter. This authority will permit the adult leaders, at their discretion, to place my child at my expense in a hospital at any point for medical treatment, or if no hospital is available, to place my child in the hands of a local medical doctor for treatment.

I hereby certify that I am the parent or guardian of the applicant named above; that I have read the above release statements; that I join in the release without reservation, granting my full consent to all actions provided for; and further agree to hold blameless CYFM/Province of St. Mary, against any and all claims on behalf of the applicant.

Video/Photo Release: I hereby consent to and authorize the use and reproduction, in print or electronic format, by Capuchin Youth & Family Ministries or anyone authorized by Capuchin Youth & Family Ministries, of any and all video & photographs of my child taken at any CYFM events for any publicity purposes, without compensation. CYFM reserves the right to use these videos & photographs in any of its print, electronic publications, or via internet. All video & images – electronic or negatives and positives, together with the prints – are owned by CYFM.

I hereby warrant that I have read and understood all of the above-mentioned material.

Emergency contact **name & number:** (MUST be parent or guardian for participants under 18 yrs) _____

Family Doctor & Phone: _____

Family Health Plan Carrier: _____ Policy # _____ ID # _____

Signature: _____ Date: _____

-----Office Use Only-----
Date Received _____ Deposit _____ Full Payment _____ Processed By _____
acceptance letter _____ Appl Ack _____ Const entered _____