



# Capuchin Youth & Family Ministries

P.O. Box 192 – 781 Route 9D, Garrison, NY 10524  
845-424-3609

Email: [cyfm@cyfm.org](mailto:cyfm@cyfm.org) Website: [www.CYFM.org](http://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!



## College/Young Adult Retreat

Tuesday, May 30, – Thursday, June 1, 2017

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

Registration Deadline, **Thursday, May 25, 2017**

Name: \_\_\_\_\_  
First Middle Initial Last Name Tag (nick) Name

Address: \_\_\_\_\_  
Number & Street City/Town State Zip

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female  Male

Phone: \_\_\_\_\_  
(Area Code) Number

E-Mail: \_\_\_\_\_

Acceptance letter with details will be sent, 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:

**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 and info; secure and respectful

College Name: \_\_\_\_\_  
City/ST Major Grad Year

Home Parish \_\_\_\_\_ College Catholic Center: \_\_\_\_\_  
Name City/St Name

Allergies/Medical conditions/illnesses/diet \_\_\_\_\_

Please notify our office if this applicant is exposed to any communicable disease during the three weeks prior to this retreat.

*The total cost for this overnight is \$115.00. A **non-refundable deposit** of \$60.00 (check made payable to Capuchin Youth & Family Ministries) and the **original application** must be received by CYFM by the **Tuesday** before the retreat. Included are meals and materials. You are responsible to bring, change of clothes, sleepwear, single set of sheets or sleeping bag, towels, and toiletries. **\*Campus Ministry Office: If 5 or more students from your school attend, the fee will be \$100.00 per person.***

### Medical Matters:

I hereby warrant that to the best of my knowledge, I am in good health, and I assume all responsibility for my health.

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 health and safety and I fully release each of them for any liability for such actions taken on my behalf. This authority will permit the adult leaders, at their discretion, to place me at my expense in a hospital at any point for medical treatment, or if no hospital is available, to place me in the hands of a local medical doctor for treatment.

I hereby certify that I am 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, against any and all claims on my behalf as 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 me taken at any CYFM events and/or programs 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.**

Signature \_\_\_\_\_

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

Name of Doctor & Phone: \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ ID # \_\_\_\_\_

-----Office use Only-----

Date Received \_\_\_\_\_ Deposit \_\_\_\_\_ Full Payment \_\_\_\_\_ Processed by \_\_\_\_\_  
Application Notice \_\_\_\_\_ Acceptance letter \_\_\_\_\_