



Capuchin Youth & Family Ministries

P.O. Box 192 – 781 Route 9D, Garrison, NY 10524

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!



CAPUCHIN YOUTH LEADERSHIP TRAINING

Retreat Date: _____

HS Graduation Year: _____

Name: _____
First Middle Initial Last Name Tag (nick) Name

Address: _____
Number & Street City/Town State Zip

Age: _____ Date of Birth: ___/___/___ Gender: Female Male Home 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
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

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

Parents'/Guardians Names _____ Email _____
Acceptance letter with details will be sent to parents

School: _____ Grade: _____

Parish _____
Name City

Medical conditions/illnesses/allergies/diet _____

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

On the back of this application please write a paragraph explaining why you would like to attend Leadership Training.

Payment

\$ 175.00 CYFM's cost to provide retreat

(-) Check here for a \$50 **Scholarship**; thanks to of our generous donors, making your cost **\$125.00**

(-) \$60.00 Deposit due by Tuesday prior to retreat

_____ Balance due at registration check in.

Parent/Guardian Permission:

I, _____ give my son/daughter _____ permission to attend Capuchin Youth Leadership Training 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: _____ Health Insurance Plan Carrier: _____

Policy # _____ ID # _____

Signature: _____ Date: _____

Office Use Only

Date Received _____ Deposit _____ Full Payment _____ Const Ent _____ Part Ent _____
App Ack _____ acceptance letter _____ Participant Ent _____

