



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



Renew & Refresh Retreat

REASON & RELIGION

7pm, August 31 - 3pm, Sept 2, 2018

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 Phone: _____
Indicate Home or cell, include (Area Code) Number

Participant's 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.

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 R & R 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: _____ 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 _____