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 FRANCISCANS PROVINCE OF ST. MARY

June 24, 2018

Tour De Francis Registration—all riders MUST also separately register for Bike NY's Discover Hudson Valley ride https://www.bike.nyc/events/discover-hudson-valley-ride/

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

Address: _____
Number & Street City/Town State Zip

Age: _____ Date of Birth: ___/____/_____ Gender: Female ☐ Male ☐ Phone: _____ Cell/Home
(Area Code) Number Circle one

Participant's E-Mail: _____ T-shirt size_____
Acceptance letter with details will be sent, please ck your e-mail. **Print Clearly**: zero:Ø, I, i L, l, O, o

(For riders under 18)Parents'/Guardians Names_____Email_____
Acceptance letter with details will be sent to parents

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.

Waiver, Release and (for riders under 18) Parent/Guardian Permission:

Under 18: I, _____ give my son/daughter _____ permission to attend CYFM's Tour De Francis on June 24, 2018.

Parent Signature_____

All Riders: 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/my son/daughter's participation in the program.

Medical Matters:

I hereby warrant that to the best of my knowledge, I am/my son/my daughter is/ in good health, and I assume all responsibility for the health of myself/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 myself/my son/daughter. This authority will permit the adult leaders, at their discretion, to place me/my child at my expense in a hospital at any point for medical treatment, or if no hospital is available, to place me/my child in the hands of a local medical doctor for treatment.

I hereby certify that I am the/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_____