



# Capuchin Franciscan 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!



*Women's Weekend Retreat, Presented by Women of the Waters*

## **"DO THIS IN MEMORY OF ME"**

Fri, February 23, 2018, 7:00pm – Sun, February 25, 2018, 11:30am

**Registration deadline is Tuesday, February 20, 2018**

Please Print Clearly. Incomplete or illegible applications cannot be processed

Name: \_\_\_\_\_  
First Middle Initial Last Name Tag Name

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

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

We send our e-newsletter to all of our constituents; check here if you also want to receive e-mail updates about CYFM programs/events:

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parish \_\_\_\_\_  
Parish Name City State

Other CYFM Programs you attended (Name & Date): \_\_\_\_\_  
The total cost for this weekend is \$120. **A non-refundable deposit** of \$60 (checks made out to Capuchin Youth & Family Ministries) and **original application** must be received by the Tuesday before the retreat.

Allergies/Illnesses/Medical Conditions/Dietary Requirements \_\_\_\_\_

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

**Medical Matters:**

I, \_\_\_\_\_ as a participant on the Women's retreat, hereby waive, renounce and release on behalf of myself all claims whatever nature against the Capuchin Youth & Family Ministries (CYFM) or any retreat leader, for any injury, accident, or expense resulting from any cause whatsoever. I 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 retreat leaders 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 retreat 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.

**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 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.**

Name (please print) Signature Date

Emergency Contact Name, Relation & Phone number \_\_\_\_\_

.....  
Please do not write below – for CYFM office use only.

Date Received: \_\_\_\_\_ Deposit: \_\_\_\_\_ Full Payment: \_\_\_\_\_  
Processed by: \_\_\_\_\_ Computer: \_\_\_\_\_ Acceptance letter sent: \_\_\_\_\_