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!

7th & 8th Grade Overnight Retreat: Prayer

7pm, Oct. 20 to 4pm, Oct. 21, 2018

Registration deadline is Tues. Oct. 16, 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: _____ Cell/Home
(Area Code) Number Circle one

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

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 ❑

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

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

$ ___100.00__ CYFM's cost to provide retreat
(-)_____☐ Check here for a $20 **Scholarship;** thanks to of our generous donors, making your cost **$80.00**
(-) $40.00__ Deposit due by Tuesday prior to retreat
_____ Balance due at registration check in.

Parent/Guardian Permission:

I, _____ give my son/daughter _____ permission to attend 7th & 8th Grade 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_____