



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



Family & Friends Service Retreat

Nov 2-4, 2018

Original Application must be received in mail by registration deadline, October 16, 2018

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

Address: _____
Number & Street City/Town State Zip

Age: _____ Date of Birth: ____/____/____ 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

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 & info; secure and respectful**

Parish _____ Prior CYFM Programs/year _____
Name City

School _____ Class of (year) _____

Attending Program With (Name/s) _____

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.

Price: Individual price (youth or adults) \$125, Family price (two or more, parent/child) \$90 per person

A non-refundable deposit of \$60 (checks made payable to CYFM) & original application must be received by October 16, 2018

RELEASE:

CIRCLE ONE:

I, _____ as a: **participant/ OR parent guardian** of _____

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'S / MY DAUGHTER'S** participation in the program.

Medical Matters: **CIRCLE ONE^**

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 **my health/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 **myself/ 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 applicant/ 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 **myself/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 _____