



Capuchin Franciscan Youth & Family Ministries

P.O. Box 192 – 781 Route 9D, Garrison, NY 10524
845-424-3609 Email: cyfm@cyfm.org Website: www.CYFM.org

Women's Weekend Retreat Presented by *Women of the Waters* ~ Ruth: Journeying through the Passageways of Life ~

Friday, February 24, 2012, 7pm through Sunday, February 26, 2012, 10:30am
Registration deadline is Tuesday, February 21, 2012

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 Please print **Clearly** zero:Ø, I, i L, l, O, o

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 Tuesday before the retreat.*

Allergies _____ Dietary Requirements _____

Medications _____

Medical conditions/illnesses: _____

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. 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 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 _____

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Please do not write below – for CYFM office use only.
Date Received: _____ Deposit: _____ Full Payment: _____
Processed by: _____ Computer: _____ Acceptance letter sent: _____