



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

SAINTS FOR YOUTH

Friday, Mar.23 to Sunday, Mar. 25

Registration deadline: Tuesday, Mar. 20, 2012

Please Print Clearly. Incomplete or illegible applications cannot be processed.

High School graduation date _____

Name: _____
First Middle Initial Last Name Tag Name

Address: _____
Number & Street City/Town State Zip

Phone: _____ E-Mail: _____ Parish _____
(Area Code) Number Please print **Clearly** zero:Ø, I, i L, l, O, o Parish Name City State

Age: _____ Date of Birth: ____/____/____ Sex: M F Grade: _____ School: _____

When/what CYFM Programs you attended _____

Parent's Name: _____ Parent's E-Mail: _____

Allergies _____ 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

*The total cost for this retreat is \$115. A **non-refundable deposit** of \$60 (checks made payable to Capuchin Youth & Family Ministries) and **original application** must be received by CYFM by the Tuesday before the retreat.*

We prefer that participants do not bring cell phones on the retreat. If you do, please know that Cell Phones will be collected during sleeping hours. If family needs to make emergency contact during sleeping hours they can call (845) 424-3609 ext 245 or ext 247 where one of the staff sleeps. During the day they can call (845) 424-3609 ext 241(our conference room extension).

Parent/Guardian Permission:

I, _____ give my son/daughter _____ permission to attend the Saints For Youth 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 behalf. 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.

Name & relationship _____ Phone Number _____

Emergency contact: Name & Number _____

Family Doctor & Phone: _____

Family Health Plan Carrier: _____ Policy # _____ ID # _____

Signature: _____ Date: _____

-----Office Use Only-----

Date Received _____ Deposit _____ Full Payment _____ Processed By _____