CAPUCHIN YOUTH & FAMILY MINISTRIES

781 Route 9D - P.O. BOX 192, GARRISON, NY 10524

PHONE: 845-424-3609

College/Young Adult Weekend Retreat

Friday, February 17 – Sunday, February 19, 2012

Registration Deadline, Tuesday, Feb. 14, 2012

Name:____
Last First Middle Initial Name Tag Name

Address:____
Number & Street City/Town State Zip

Phone: ________________________ E-Mail: _____________________________________
(Area Code) Number Please print **Clearly** zero:Ø, I, i L, l, O, o

Age: ____Date of Birth: ___/____/_____Sex: ❑ M ❑ F College: __________________________________

Parish/Catholic Center_____________________________________
Name **City** **State**

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 overnight is $115.00. A non-refundable deposit of $60.00 should accompany this application. Checks should be made payable to: **Capuchin Youth & Family Ministries.** This fee covers the total cost of the retreat, which begins on Friday, February 17th, at 7:00 PM and concludes on Sunday, February 19, at 3:00 PM. Included are meals and materials. You are responsible to bring, change of clothes, sleepwear, single set of sheets or sleeping bag, towels, and toiletries. ***Campus Ministry Office: If more than 5 or more students from your school attend, the fee will be $100.00 per person.**

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 the retreat they can call (845) 424-3609 ext 236.

Medical Matters:

I hereby 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 adult leaders of this retreat 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 adult 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.

I hereby certify that I am 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, against any and all claims on my behalf as 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 me taken at any CYFM events and/or programs 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.

Signature____ Date_____________________________

Emergency Contact/Relationship & Number____

Family Doctor & Phone: ____

Family Health Plan Carrier: ________________________ Policy # ____________ ID # _________________

--Office use Only--
Date Received ____________ Deposit ___________ Full Payment _______Processed by_____________