

## *Saints for Youth – Weekend Retreat*

Friday, February 26 ~ Sunday, February 28, 2010

Registration Deadline is Tuesday, February 23

Name: \_\_\_\_\_ Tag Name: \_\_\_\_\_ **HS Graduation Year:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other CYFM Programs Attended: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male ( ) Female ( ) School: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Parish: \_\_\_\_\_ Is This a God's TYM Parish? \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

Emergency Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

The total cost for this overnight is \$110. A non-refundable deposit of \$55 must accompany this application.  
Checks should be made payable to: **Capuchin Youth & Family Ministries**

### **Emergency Contact:**

Name & Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Doctor & Phone: \_\_\_\_\_ Health Plan Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_ ID # \_\_\_\_\_

### **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's 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.

Do you have any illness? (e.g. diabetes, asthma, etc.)  Yes  No

If Yes, nature of illness: \_\_\_\_\_

Do you have any allergies? Please specify: \_\_\_\_\_

If you take any medication, please specify: \_\_\_\_\_

If you have any dietary requirements, please indicate: \_\_\_\_\_

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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: \_\_\_\_\_

## Saints for Youth Permission and Release Form

### **Parent/Guardian Permission:**

I give my son/daughter \_\_\_\_\_ permission to attend the Saints for Youth Weekend on Friday, February 26, 2010 at 7:00 PM to Sunday, February 28, 2010 at 2:00 PM 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.

I further agree to indemnify, hold harmless and defend Capuchin Youth & Family Ministries/Province of St. Mary of the Capuchin Order, its servants and employees from any and all claims resulting from injuries, including death, damage and losses sustained by my son/daughter and arising out of, connected with, or in any way associated with their activities during their participation in this program.

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.

### **Cell Phone Policy**

**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).**

### **Photo Release:**

I hereby consent to and authorize the use and reproduction, in print or electronic format, by Capuchin Youth & Family Ministry or anyone authorized by Capuchin Youth & Family Ministry, of any and all photographs of my child taken at any CYFM events for any publicity purpose, without compensation. CYFM reserves the right to use these photographs in any of its print or electronic publications. All images – electronic or negatives and positives, together with the prints – are owned by CYFM.

I hereby warrant that I have read and understood all the materials above and on the other side of this application.

Child's Name: \_\_\_\_\_

Print Parent/ Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_