



Capuchin Youth & Family Ministries

P.O. Box 192 – 781 Route 9D, Garrison, NY 10524
 845-424-3609 Fax: 845-424-4403
 Email: cyfm@cyfm.org Website: www.CYFM.org

Freshman-Sophomore Retreat Application

Saturday, November 6 -Sunday, November 7, 2010

Registration Deadline is Tuesday, November 2, 2010

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

Retreat Date: _____ High School Graduation Date: _____

Name: _____

Address: _____

Phone: _____ E-Mail: _____ Parish: _____

Age: _____ Date of Birth: ____/____/____ Sex: M F Parent's Name: _____

Parents E-Mail: _____ Grade: _____ School: _____

Parish Youth Ministry Program you attend: _____

When & what other CYFM Programs have you attended? _____

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: _____

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 weekend is \$75. A non-refundable deposit of \$40 should accompany this application. Checks should be made payable to: Capuchin Youth & Family Ministries. The retreat begins Sat, Nov. 6 @ 4pm to Sun, Nov 7 @ 3pm.*

Parent/Guardian Permission: I, _____ give my son/daughter _____ permission to attend the Freshman-Sophomore 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.

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: The undersigned hereby irrevocably consents to and authorizes the Province of St. Mary to utilize the applicant's photograph, image, voice and/or likeness for any advertising, marketing or promotion of its activities and business, in any media, including websites operated by The Province of St. Mary or its affiliates, without any expectation of compensation.

I hereby release, discharge and agree to indemnify and hold harmless The Province of St. Mary and its respective agents, legal representatives, successors and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

Emergency Contact & Phone Number _____

Print Parent/Guardian Name _____ Signature _____ Date _____

Please do not write below – for CYFM office use only.

Received: _____ Deposit: _____ Second Payment: _____ Full Payment: _____ Acceptance letter: _____ Computer: _____