



PO Box 192
781 Route 9D
Garrison, NY 10524
845 424-3609 ~ Fax 845 424-4403

DDA Team Permission & Release Form Weekend of: _____

Parent/Guardian Permission:

I, _____ give my son/daughter _____
Permission to attend the Day by Day Agape (DDA) retreat weekend from Thursday evening to Sunday evening 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.

Cost:

CYFM tries to keep costs down in every way. Registration fees only cover a fraction of the total cost of the retreat and Team members are only charged a nominal amount (\$35.00), to cover direct costs for food, picture, & supplies. We discourage Team members buying t-shirts for the weekend. We feel it is an extra cost. We do not require t-shirts for DDA retreats.

Medical Matters:

Does you son/daughter have any illness or allergies? (e.g. diabetes, asthma, etc.) ___Yes ___No

If yes, nature of illness or allergies: _____

If they are taking any medication, please specify: _____

If they have any dietary requirements, please indicate: _____

I hereby warrant that to the best of my knowledge, my son/daughter is in good health, and I assume all responsibilities 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.

Parent/Guardian Signature

Date

Emergency Contact & Phone Number

Photo Release Form

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 the terms of this release.

Child's Name _____

Print Parent/Guardian Name _____

Signature _____