



Capuchin Youth & Family Ministries

Capuchin
Youth &
Family
Ministries

P.O. Box 192 – 781 Route 9D – Garrison, NY 10524

Phone: 845-424-3609 – Fax: 845-424-4403 – E-mail: CYFM@cyfm.org - Web-site: www.CYFM.org

Women’s Weekend Retreat — APPLICATION

Presented by Women of the Waters

Lydia ~ “Bloom Where You Are Planted”

Friday, February 19, 2010, 7:00pm – Sunday, February 21, 2010, 10:30am

Name: _____

Address: _____

Phone Number: Day _____ Night _____

Date of Birth: _____ E-mail Address: _____ Parish: _____

_____Our facility is not wheel chair accessible. The dorm rooms are on the 2nd and 3rd floor. If you feel you are physically unable to walk up to the 3rd floor, please check here. We will do our best to try and accommodate you.

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: _____

Emergency Contact Information:

Name: _____ Relationship _____

Phone Number: Day _____ Night _____

Medical Release Form:

I, _____, as a participant on the Women’s Retreat, Lydia-Bloom Where You Are Planted, hereby waive, renounce, and release on behalf of myself all claims of whatever nature against the Capuchin Youth & Family Ministries (CYFM) or any retreat leader, for any injury, accident, or expense resulting from any cause whatsoever.

I hereby grant the retreat leaders 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 retreat 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.

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 photographs of myself 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 of the above-mentioned material.

Name (please print) _____

Signature: _____ Date: _____

The cost for this retreat is \$115. Please return this application along with your non-refundable deposit of \$60 to the above address.

The deadline for this retreat is Tuesday, February 16. Space is limited.

Office Use Only: Received: _____ Deposit: _____ Confirmation Letter: _____ Computer: _____