



Capuchin Youth & Family Ministries

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

845-424-3609

Email: cyfm@cyfm.org Website: www.CYFM.org

CYFM, a ministry of the Capuchin Province of St. Mary, offers retreats and programs through the financial support of the Province and its donors! Become one today!



Day by Day Agape Retreat Program – Adult Participant Observer Application

Registration Deadline is the Tuesday prior to the Retreat

Please Print Clearly. Incomplete or illegible applications cannot be processed, and will be returned.

Original Applications must be mailed to CYFM

Retreat Date: _____

Name: _____
First Middle Initial Last Name Tag Name

Address: _____
Number & Street City/Town State Zip

Phone: _____ E-Mail: _____
(Area Code) Number You will receive an acceptance letter with details, please ck your e-mail. **Print Clearly:** zero:Ø, I, i L, l, O, o

We send our electronic newsletter to everyone (keep an eye out for it, you may be in it!) Check here to receive e-mail updates about CYFM programs/events: Applicant **Don't MISS a thing!** Check below to sign up for Flocknote, CYFM's text message communication system. We'll send important updates & info; secure and respectful: Applicant

Cell _____ Age: _____ Date of Birth: ___/___/___ Sex: MF

Marital Status: _____ Parish _____
Parish Name City/ST

How did you find out about DDA Retreat (name, phone #, or parish?) _____

Are You a Baptized Catholic? Yes No 1st Reconciliation? Yes No

Were you confirmed? Yes No 1st Communion? Yes No

How do you describe yourself? Outgoing Quiet Follower Leader Unsure

Hobbies and interests: (Sports, drama, music, art, etc.) _____

Church Ministry: (Youth Minister, Lector, Usher, etc.) _____

Allergies/Medical conditions/illnesses/diet/medications _____

Please notify our office if this applicant is exposed to any communicable disease during the three weeks prior to this retreat.

Emergency Contact - Name: _____ Relationship: _____ Ph#: _____

Health/Accident Insurance Company: _____

Policy Number _____ and/or Medical ID# _____

On the back of this sheet, please write a short paragraph on why you would like to make a DDA weekend.

Submit application and deposit to the Parish DDA Coordinator. A CYFM Rep. will do orientation via phone call if there is no Coordinator at your Parish, just check here and mail application:

DDA Coordinator Name: _____ Phone: _____

DDA Coordinator Signature: _____

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

Date Received: _____ Deposit: _____ Full Payment: _____ Sponsor: _____

Const Ent _____ Part Ent _____ APP Ack _____ Acceptance letter sent: _____

Medical Release Form:

I, _____, an observer of the Day by Day Agape Retreat (DDA), hereby waiver, renounce, and release on behalf of myself all claims of whatever nature against the Capuchin Youth & Family Ministries (CYFM) or any adult leader, for any injury, accident, or expense resulting from any cause whatsoever.

I hereby grant the adult 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 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 agree that the adult leaders have the right to enforce rules of conduct, and I am willing to abide by them at all times.

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 my child taken at any CYFM events 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 of Applicant

Date

Payment

\$ 175.00 CYFM's cost to provide retreat

(-) Check here for a \$50 **Scholarship**; thanks to of our generous donors, making your cost **\$125**

(-) _____ Deduct \$10 for **early bird** if postmarked 9 days prior to retreat and sent with original application and deposit.

\$ _____ Total due; checks made payable to CYFM

(-) \$75.00 Deposit due by Tuesday prior to retreat

_____ Balance due at registration check in.

Why I want to attend a DDA Weekend:

Applicant's Signature