



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

Vacation Bible School

June 25 - 29, 2018, 9:30am-2pm

Please print clearly. Incomplete or illegible applications cannot be processed

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!



We must receive original application by registration deadline: June 11, 2018

Name: _____ Nickname (nametag) _____
First Last

Home Address: _____
Number & Street City/Town State Zip

Phone: _____ Date of Birth: _____ Age: ____ Grade (as of June 2018): _____
(Area Code) Number

Parish: _____
Name./city

EMERGENCY CONTACT:

(Must be parent/guardian) Name : _____ Daytime Phone: _____

Medical conditions/illnesses/allergies/diet _____
(use back of this form if necessary to expand details.)

Parent/Guardian Permission:

I, _____ give my son/daughter _____ permission to attend the Vacation Bible School 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.

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.

Printed name _____ Signature of Parent or Guardian _____ Date _____

Parent E-mail address **You will receive an acceptance letter with details, please ck your e-mail. Print Clearly** zero:Ø, I, i L, l, O, o
Check here if you want to receive e-mail updates about CYFM programs/events:

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

Date Received _____ Processed By _____ App Ack _____ Acceptance Ltr _____