



**Archdiocesan Catholic Committee on Scouting Annual Retreat**

St. Joseph's Seminary  
201 Seminary Avenue  
Yonkers, New York 10704

8:30 AM – 5:30 PM Saturday November 19, 2011

Please bring a Bag Lunch

Individual Registration Form For **Youth** (under 18 years) **(PLEASE PRINT)**

**Personal Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parish: \_\_\_\_\_ City: \_\_\_\_\_ Unit: \_\_\_\_\_

Registered with another parish Unit or Troop? Yes/No \_\_\_\_\_ Unit #: \_\_\_\_\_ Troop #: \_\_\_\_\_

Parish Name: \_\_\_\_\_ City: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

Attendee Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Email: \_\_\_\_\_

|  |  |                                    |
|--|--|------------------------------------|
| <b>Pre-Registration<br/>Cost: \$5.00/ Person</b> | <b>Checks payable to C.Y.O. Scouting<br/>Check/Money Order Number:</b> | <b>\$8.00 at the Door<br/>CASH</b> |
|--|--|------------------------------------|

**Return this form and payment to:**

CYO Office of Scouting  
59 Pearl Street  
Kingston, NY 12401  
Phone: (845) 340-9170 X-4  
Fax: (845) 340-9596  
Email: [Thomas.Kelly@archny.org](mailto:Thomas.Kelly@archny.org)

**-Please Complete Both Sides of This Form-**

**CATHOLICH CHARITIES COMMUNITY SERVICES ("CCCS")  
CATHOLIC YOUTH ORGANIZATION ("CYO")  
RELEASE AND AUTHORIZATION TO PARTICIPATE**

**PLEASE PRINT**

Child's or Participant's Name: \_\_\_\_\_

Dates of Event: \_\_\_\_\_ November 19, 2011 \_\_\_\_\_

Location: \_\_\_\_\_ St. Joseph's Seminary 201 Seminary Avenue Yonkers, New York 10704 \_\_\_\_\_

I hereby give consent for my child to participate in the activities in the CCCS/ CYO program referenced above. I understand that there is a risk of injury to my child as a participant in the CCCS/ CYO program, and I hereby assume the risk of my child/children's participation in such activities. In consideration of the CCCS/ CYO's acceptance of my child in the CCCS/ CYO program, and to the extent permitted by law, I hereby agree to release and hold harmless the Archdiocese of New York, the Archbishop of New York, the Catholic Charities of the Archdiocese of New York, Catholic Charities Community Services, Archdiocese of New York, and Catholic Youth Organization, its parents and affiliates, and their respective trustees, directors, officers, employees, servants and volunteers (hereinafter referred to as "Releases") from any and all responsibility, liability, claims and/or demands arising out of my child's participation, specifically including any injury that may occur due to their negligence. I represent that my child does not have an undisclosed medical condition that prevents his or her participation in the program. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the CCCS/ CYO to secure and administer treatment, including hospitalization, for all of the above named persons. I also understand and agree to abide by any restrictions placed on my or my child's participation in the CCCS/ CYO activities, and that I and/or my child will be dismissed from the program if we fail to abide by the CCCS/ CYO program rules.

I hereby consent to the taking of photographs, movies or videos of my child by the CCCS/ CYO, its designated representatives or members, in connection with any advertising or promotions. I also grant the right to edit, use and reuse said products for any and all purposes selected by the CCCS/ CYO and release any and all rights, title and interest we may have in such photographs, movies or videotapes, finished pictures, reproductions, copies of negatives of the same in connection with such uses.

I had an opportunity to review this document and understand its contents.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**-Please Complete Both Sides of This Form-**