

GOYA Registration Form

2017 to 2018

Name _____ D.O.B _____

Address: _____

Home Phone Number: _____

GOYA Cell Number: _____

GOYAn Email: _____

Parent Names _____

Parent Cell Numbers _____

Parent Email _____

Emergency Contact: _____ Phone _____

Medical Conditions _____ Allergies _____

Medical Insurance _____ Policy Number _____

Membership Fee \$30

Paid: Check _____ Cash _____

I/We the undersigned parent(s) or legal guardians of the above minor, know that I may not be available to authorize medical care of said minor in the event of an emergency. I wish to appoint the GOYA Advisors of Saint Paraskevi Greek Orthodox Church to act in my absence and to give such authorization. This authorization is intended to give the right to GOYA Advisors to give consent to authorize medical care.

Parent /Guardian Signature

Date

We will be participating many fun activities this year. We appreciate parent volunteers to help out at various time throughout the year. If you are interested in volunteering please provide your best contact information:
