

2009-2010

GOYA REGISTRATION FORM

Name _____

D.O.B. _____

Address _____ _____ _____	Home phone
	Cell phone

Parents Name _____

Parents Cell # _____

Parents' E-Mail _____

GOYAn's E-Mail _____

Emergency Contact _____ phone _____

Medical conditions _____

Allergies _____ Medications _____

Medical Insurance _____ Policy # _____

\$25.00 REGISTRATION	
FEE	PAID: CHECK _____
CASH _____	

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

Parent/guardian signature

Date

