



JOY REGISTRATION FORM 2009-2010

Parent or Guardian's Names: _____

Home Address: _____

City: _____ N.Y. Zip: _____

Home Phone: _____ Cell () _____

*E-mail addresses (required): _____

** please write clearly*

Child's Name: _____ Date of Birth _____ Age _____

Child's Name: _____ Date of Birth _____ Age _____

Child's Name: _____ Date of Birth _____ Age _____

Child's Name: _____ Date of Birth _____ Age _____

Emergency Contact: _____

Phone: _____ Cell: () _____

Does your child have any medical conditions or special needs that we should be made aware of? If so, please explain: _____

Medical Release:

In the event of sudden illness, injury or emergency, I authorize the JOY of St. Paraskevi, the Board/advisors to administer first aid/or secure medical care if necessary during a JOY function. This includes medical care and treatment by a first aid station, physician or hospital.

Parent/Guardian Signature: _____ Date: _____

Please check one or more of the following areas that you can help:

___ Asst. at Meetings ___ Mailings ___ Phone Calls/e-mails ___ Crafts

___ Coach or asst. Coaching ___ membership ___ Olympics

___ Coffee Hour ___ Other (please call a Board Member)

OUR ONLY FORM OF COMMUNICATION WILL BE EMAIL

REGISTRATION FEE : \$20 per child \$35 per family

___ Number of Children \$ ___ Amount

Paid: ___ Cash ___ Check Number

If you want to Register by mail send Form to: JOY of St. Paraskevi, 1 Shrine Place,
Greenlawn, N.Y. 11740