

**Greek Orthodox Archdiocese of America**  
**Holy Cross Greek Orthodox Church**  
**Bible Camp Registration**

Family Name: \_\_\_\_\_ Home Tel. No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Cell No. \_\_\_\_\_ Mother's Cell No.: \_\_\_\_\_

Father's E-mail \_\_\_\_\_ Mother's E-mail: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Doctors Telephone #: \_\_\_\_\_

Emergency Contact (**other than Parent/Guardian**): \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone No.: \_\_\_\_\_

I hereby consent for my Child / Children to participate in the activities of the Holy Cross Brooklyn GOYA Program. I authorize the Clergy and advisors to seek medical assistance if needed. I also authorize Clergy and advisors to supervise child / Children off Church premises on scheduled outings and field trips.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A CHILD FOR NON-PROFIT USE  
(e.g. education, public service, or health awareness purpose)

**Childs / Children's Name:** \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the student / 's named above by Holy Cross Greek Orthodox Church and it's organizations.

I also grant to Holy Cross Greek Orthodox church and its organizations the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Holy Cross Greek Orthodox Church and it's organizations / agents and employees from all claims, demands, and liabilities whatsoever in connection with he above.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE AN INDIVIDUAL FOR NON-PROFIT USE  
(e.g. education, public service, or health awareness purpose)

**Parents Names:** \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videotapes of the individual named above by Holy Cross Greek Orthodox Church and it's organizations.

I also grant to Holy Cross Greek Orthodox church and its organizations the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Holy Cross Greek Orthodox Church and it's organizations / agents and employees from all claims, demands, and liabilities whatsoever in connection with he above.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**First Child Name:** Last: \_\_\_\_\_ First \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Any Allergy Concerns (Y/N) \_\_\_\_\_

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**Second Child Name:** Last: \_\_\_\_\_ First \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Any Allergy Concerns (Y/N) \_\_\_\_\_

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**Third Child Name:** Last: \_\_\_\_\_ First \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Any Allergy Concerns (Y/N) \_\_\_\_\_