

Greek Orthodox Archdiocese of America
Holy Cross Greek Orthodox Church
GOYA - JOY - HOPE

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): _____ **Emergency Phone No.:** _____ **Relationship:** _____
 (other than Parent/Guardian)

I hereby consent for my Child / Children to participate in the activities of the Holy Cross Brooklyn Youth Programs. 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.

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A CHILD or PARENT FOR NON-PROFIT USE (e.g. education, public service, or health awareness purpose)
 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:** _____

Please check box if you will not be picking up your child/children after GOYA or JOY & they have your permission to leave on their own, please sign the authorization below. I waive any right to pursue a lawsuit against Holy Cross Church, the Clergy, Board Members, GOYA Advisors and volunteers.

Signature of Parent / Guardian: _____ **Date:** _____

1st Child

First Name: _____ Date of Birth: _____ Grade: _____ School: _____

Any Allergy Concerns (Y/N) _____

Child's Email Address: _____ (check all that apply)
 JOY / HOPE / GOYA Basketball Soccer

2nd Child

First Name: _____ Date of Birth: _____ Grade: _____ School: _____

Any Allergy Concerns (Y/N) _____

Child's Email Address: _____ (check all that apply)
 JOY / HOPE / GOYA Basketball Soccer

3rd Child

First Name: _____ Date of Birth: _____ Grade: _____ School: _____

Any Allergy Concerns (Y/N) _____

Child's Email Address: _____ (check all that apply)
 JOY / HOPE / GOYA Basketball Soccer

4th Child

First Name: _____ Date of Birth: _____ Grade: _____ School: _____

Any Allergy Concerns (Y/N) _____

Child's Email Address: _____ (check all that apply)
 JOY / HOPE / GOYA Basketball Soccer

FOR YOUTH ADMIN USE ONLY

 x \$100 HOPE/JOY = / x \$125 GOYA = / x \$100 Basketball = / x \$100 Soccer =

Stewardship #: _____ Amount Due: _____ Youth Receipt No. _____ Date: _____