

GOYA MEMBERSHIP APPLICATION  
**KIMISIS TIS THEOTOKOU, HOLMDEL**  
 PLEASE PRINT ALL INFORMATION

MEMBERSHIP YEAR  
**2010-2011**

NAME \_\_\_\_\_  
LAST FIRST

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # (HOME) \_\_\_\_\_ GOYANS (CELL) \_\_\_\_\_

GOYAN'S EMAIL ADDRESS: \_\_\_\_\_

BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PRESENT AGE \_\_\_\_\_ PRESENT GRADE \_\_\_\_\_

SCHOOL ATTENDING (NAME/CITY) \_\_\_\_\_

FATHER/GUARDIAN'S NAME \_\_\_\_\_ WORK# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FATHER'S EMAIL: \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MOTHER/GUARDIAN'S NAME \_\_\_\_\_ WORK# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MOTHER'S EMAIL: \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_ consent and allow the KIMISIS TIS THEOTOKOUS GOYA program to use, publish and copyright my image, picture, portrait or likeness and voice recorded in any format at Greek Orthodox Youth Association (GOYA) functions. I understand the use of my image or voice will be used in the context in which it was taken without alterations, modifications, derivations. I understand that my image MAY be used for a GOYA video, and/or for use in publications such as the Kimisis Close Up, The Orthodox Observer, the Hellenic Times, the Kimisis or GOYA website, for advertising and similar such promotions and renditions throughout the world. I have received no consideration for this release.

**Please check all of the following that you are interested in:**

Basketball     Volleyball     Track     Bowling     Greek Dance     Sights & Sounds  
 Charity Work     Caroling     Craft Making for Sights and Sounds

**REGISTRATION DEADLINE IS OCTOBER 30, 2010.**

YOUTH SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- |   |       |     |       |    |
|---|-------|-----|-------|----|
| 1. HAVE YOU SUBMITTED A COPY OF YOUR BIRTH CERTIFICATE? | _____ | YES | _____ | NO |
| 2. HAVE YOU SUBMITTED A COMPLETED HEALTH FORM?          | _____ | YES | _____ | NO |
| 3. HAVE YOU SUBMITTED ALL THREE PAGES OF REGISTRATION?  | _____ | YES | _____ | NO |
| 4. HAVE YOU READ THE GOYA PARENTS HANDBOOK?             | _____ | YES | _____ | NO |

MEMBERSHIP DUES ARE **\$25 PER CHILD**, PER YEAR AND MUST ACCOMPANY THIS APPLICATION, MAKE CHECKS PAYABLE TO: ***KIMISIS TIS THEOTOKOU GOYA***

**RETURN WITH REQUIRED REGISTRATION FORMS**

**G.O.Y.A. RULES  
AND REGULATIONS**

The purpose of G.O.Y.A. is to direct me to become a worthy servant of my Lord Jesus Christ within the Orthodox Christian Faith. My fellowship with my peers in religious, educational, philanthropic, social, athletic and cultural activities should always reflect my Christian Faith.

I hereby agree to abide by and observe all the Rules and Regulations that have been set down by the State Youth Committee and by my Parish Youth Group, Kimisis Tis Theotokou, Advisors and in particular:

- 1 - To obey the "Kimisis Tis Theotokou GOYA Rules and Regulations".
- 2 - To attend Church Services, Sunday School, and Retreats faithfully.
- 3 - To obey and respect the Youth Advisors, Coaches, Adult Leaders and Chaperones while attending GOYAN functions.
- 4 – Do not drive an automobile to any: Local, District or State Youth functions without the specific permission of the Priest, Youth Advisor and Parent/Guardian. No passengers will be permitted without the permission of the Priest, Youth Advisor and Parent / Guardian.
- 5 – Do not leave the grounds at any GOYA functions without receiving the Advisor’s permission, even if you are being picked up by your parent.
- 6 - To attend Meetings, Fundraisers, Practices, and GOYA events faithfully.
- 7 – Do not use the following: Abusive language, bullying, cheating, stealing, lying, alcohol, cigarettes, and drugs or to become involved in physical violence and damages. To respect each GOYA member and Advisor.
- 8 - To attend Church Services on Sundays of District Basketball / Volleyball Games and state events.
- 9 - I will adhere to ALL deadlines, for each GOYA Event. If I miss any deadlines, I understand that no special considerations or privileges will be made.
- 10. I have read the entirety of the GOYA Parent Handbook.
- 11 – PARENTS MUST BE ON TIME TO PICK UP GOYANS AFTER PRACTICES, GOYA EVENTS AND WHEN BUS RETURNS TO CHURCH AFTER AN EVENT.

If any of the above rules and regulations is broken, the privilege of attending and participating in youth functions will be **SUSPENDED OR DENIED**. The Parish Priest and Youth Advisors will review all infractions with input from the GOYA Executive Board.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
GOYAN Signature \_\_\_\_\_ Date \_\_\_\_\_

**G. O.Y.A. HEALTH PERMISSION FORM**

**Membership year  
2010-2011**

GOYAN'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_ cell # \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_ cell # \_\_\_\_\_

FAMILY DOCTOR'S NAME \_\_\_\_\_ TEL # \_\_\_\_\_

HOSPITAL OF CHOICE \_\_\_\_\_

DENTIST'S NAME \_\_\_\_\_ TEL # \_\_\_\_\_

MEDICAL CONDITION \_\_\_\_\_

MEDICATIONS ON A REGULAR BASIS \_\_\_\_\_

KNOWN ALLERGIES \_\_\_\_\_ REACTION \_\_\_\_\_ TREATMENT \_\_\_\_\_

Names and telephone numbers of two persons to contact if your child is ill or injured.  
In the event that the parent or guardian cannot be contacted, these persons might have to make a medical decision.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT**

To the Advisors and Reverend:

In the event that I am unable to be reached and my child needs EMERGENCY MEDICAL TREATMENT during any time he/she is a member of the G.O.Y.A., you have my permission, and I hereby designate you my agent, to act in my son's/daughter's best interest in obtaining necessary transportation and medical care until I can be contacted. I hereby release you from any claim arising out of the doctor's actions, and I assume and agree to pay for any professional medical services incurred.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Permission for emergency medical treatment will be effective throughout the member's enrollment.  
If there is any change of information, please telephone the Advisors.

YOUR INSURANCE COMPANY \_\_\_\_\_

GROUP IDENTIFICATION #: \_\_\_\_\_

MEMBER # \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

**RETURN WITH REQUIRED REGISTRATION FORMS**