# Kimisis Tis Theotokou Greek Orthodox Church, Holmdel, NJ

## GOYA Membership Application

Please Print All Information

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Age: \_\_\_\_\_\_\_\_\_ Present Grade: \_\_\_\_\_\_\_\_\_\_ Jersey # (if on the GOYA team): \_\_\_\_\_\_\_\_\_\_\_

School Attending (Name/City): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father (Guardian’s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother (Guardian’s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent AND ALLOW THE GREEK ORTHODOX CHURCH of Kimisis Tis Theotokou Holmdel, NJ, GOYA PROGRAM TO USE, PUBLISH and COPYRIGHT my image, PICTURE, PORTRAIT OR LIKENESS and voice RECORDED IN ANY FORMAT at Greek Orthodox Youth of America (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, and DERIVATIONS. I understand that my image MAY be used for a GOYA video, and/or for use in publications such as Chronicle Newsletter, weekly bulletin, The Orthodox Observer, the website of Kimisis parish, FOR ADVERTISING AND SIMILAR SUCH PROMOTIONS AND RENDITIONS THROUGHOUT THE WORLD. I have received no consideration for this release.**

**All new GOYAns must submit a copy of their Baptism Certificates**

GOYAn’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Have you submitted all completed Health Forms? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you submitted all 5 pages of registration? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you included the $50 registration fee? Yes \_\_\_\_\_ No \_\_\_\_\_

**Membership is $50 per child per year and must accompany this application**

**Make Checks Payable to: Kimisis Tis Theotokou GOYA**

**Return with Required Registration Forms (Form 1 of 5)**

**Kimisis Tis Theotokou Greek Orthodox Church, Holmdel, NJ**

### GOYA Rules and Regulations

**As a participant of GOYA Ministry and the Greek Orthodox Church, I realize that I represent my family, my parish and church in all activities. As a participant of GOYA Ministry, I agree to comply with all of the rules and meet all of the expectations stated below:**

* **I will come to GOYA Ministry activities with an open heart and mind, ready to have fun, learn, work for the organization and grow in my faith.**
* **I will fully participate in the GOYA Ministry activities that I attend.**
* **I will treat the clergy, my advisors, my fellow participants/GOYAns, and visitors with love and respect.**
* **I will obey and respect the Advisors, Coaches, Adult Leaders and Chaperones while attending GOYA functions.**
* **I will attend Church Services faithfully and abide by GOYA Church Participation requirements.**
* **I will not drive an automobile to any, Local, District or State Youth functions without the specific permission of my Parent/Guardian. No passengers will be permitted without the permission my Parent / Guardian.**
* **I will not leave the grounds at any GOYA functions without receiving the Advisor’s and Chaperone's permission.**
* **I will attend Meetings, Practices, and GOYA events, faithfully.**
* **I will adhere to ALL deadlines both function and monetary, for each GOYA event. If I miss any deadlines, I understand that no special considerations or privileges can be made.**
* **If I have “signed up” for any given event, I am financially responsible for this event, whether or not I attend.**
* **I will not bring tobacco, alcohol, drugs, weapons, fireworks, or pornographic material to any GOYA Ministry event. I understand that my parents will be notified, and that I may be sent home at my parent’s/guardian’s expense if I fail to meet this expectation.**
* **I will wear appropriate clothing while at GOYA Ministry activities. None of my clothing will exhibit vulgar, suggestive, gang related, or irreligious language or images. None of my clothing will advertise or promote the use of alcohol, tobacco, drugs, weapons, or violence. I will wear clothing that covers my stomach and underwear. I will dress in a modest fashion and I understand that the dress code will be enforced at the discretion of the advisors.**
* **I will use appropriate language and will not curse, use obscene hand gestures, or participate in vulgar conversations. I will not harass my advisors, fellow participants, or visitors in any way.**
* **I will treat the property of others, the Youth Room and the church with respect. I understand that I will be held responsible to pay for any property that I willfully or recklessly damage, destroy, or steal. All damages that I am responsible for will be paid within 30 days of incident.**
* **I will not leave an event before all clean up has been done and I will notify an advisor that I am leaving.**
* **I will filter all GOYA ideas and activities through the Advisors and the GOYA Council (Board).**
* **I will not take it upon myself to schedule a GOYA activity without the full consent of the GOYA Council (Board), Parish Priest, Youth director and Advisors.**
* **When GOYA hosts an event, I understand that all GOYAns are required to set up and clean up.**
* **I will make sure I notify my parent(s) the start and end time of an event. I will be on time to a GOYA event and meeting. I will let my parents know when I will need to be picked up, giving them plenty of time to arrive by the end of the event.**
* **When I accept a chairmanship, I will make sure I understand what is expected of me. If I have a question, I will follow-up with my Advisors, GOYA Council (Board), Parish Priest and/or Youth Director.**
* **No non-GOYAn siblings will attend a GOYA function unless advertised in that manner.**
* **I understand that for my safety and the safety of others, advisors may search my baggage and belongings on GOYA Ministry excursions. I will be present if my items are searched and I will know why they have decided to search my belongings.**
* **I will not post or send any pictures, written communications or verbally communicate anything that is negative, defamatory, accusatory or an any way harmful of hurtful to other GOYAns, the advisors or clergy.**
* **I will not post anything on social media that represents GOYA without Father's approval and direction.**
* **I will not use the GOYA email address list to send bulk emails for personal or other purposes.**

**If any of the above rules and regulations are broken, the privilege of attending and participating in youth functions will be SUSPENDED OR DENIED. Fr. Panagiotis Lekkas and Youth Advisors/ Youth Director will review with input from the GOYA Council (Board) all infractions and final decision will come from Fr. Panagiotis Lekkas.**

GOYAn’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GOYAn’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Return with Required Registration Forms (Form 2 of 5)Kimisis Tis Theotokou Greek Orthodox Church, Holmdel, NJ**

### CODE OF CONDUCT for Parents and Spectators

**I hereby pledge to provide positive support, care, and encouragement for my child and other children participating in GOYA events and abide by the following Code of Conduct:**

* **I will demonstrate true Christian behavior by support for Kimisis and the entire GOYA.**
* **I understand that the advisors are trying to help the youth grow as responsible and respectable Greek Orthodox Christians.**
* **I understand that our youth are learning by our example and we all should ALWAYS act accordingly.**
* **I realize that the advisors are reasonable and caring people who are trying to make things fair for all GOYAns. I will support advisors, clergy, coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.**
* **I will remember that the GOYA is for Youth - Not Adults and I will remember that children participate to have fun. I will do my very best to make youth activities and sports fun for my child.**
* **I must find productive, positive ideas to help solve problems or conflicts rather than negative complaints.**
* **I (and my guests) will be positive Orthodox Christian role models for our children, and I will encourage good sportsmanship by showing respect and courtesy to our GOYAns, advisors, clergy, coaches, officials, players, parents, opponents, etc.**
* **I will Maintain self-control, refrain from using profanity or profane gestures**
* **I will take into consideration the amount of time and effort that the advisors put into the program to assure that my child participates in every event scheduled to the best of my ability.**
* **I will make sure that my child is on time to all GOYA events.**
* **I will pick up my child on time after every event, game, and/or practice.**
* **I will adhere to ALL deadlines including monetary, for each GOYA event that my child has agreed to participate. If I miss any deadlines, I understand that no special considerations or privileges can be made for my child. If my child "signed up" for any given event, he/she is financially responsible for this event, whether or not he/she attends.**
* **If my child is responsible for any damage to property of others, the Youth Room, or the church, I will make sure that reimbursement is made within 30 days of the incident.**
* **I will place the emotional and physical well being of the participants and my child ahead of my personal desire to win.**
* **I will insist that my child participates in a safe and healthy environment. I will not encourage any behaviors or practices that would endanger the health and well being of the participants.**
* **I will require that my child's coach be trained in the responsibilities of being a youth sport's coach and that the coach upholds the Coach's Code of Conduct.**
* **I will demand an environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all GOYA events.**
* **I will bring my questions and concerns directly to Fr. Panagiotis Lekkas or Advisors/Youth Directors.**
* **I will filter all GOYA ideas and activities through the GOYA Council (Board) and the Advisors/Youth Directors.**
* **I will not take it upon myself to schedule a GOYA activity without the full consent of the GOYA Council (Board), Parish Priest, Youth Directors and Advisors.**
* **I will help my child enjoy the youth activities and sports experiences by doing whatever I can, such as being a respectful fan, assisting with coaching, providing transportation, assisting with event setup, etc. as agreed upon by the Youth Advisors and GOYA Council (Board).**
* **I will teach my child to play by the rules and to resolve conflicts without resorting to violence and hostility.**
* **I will demand that my child treat other players, coaches, officials, clergy, Youth Advisors, chaperones and spectators with respect regardless of any differing opinions and regardless of race, creed, color, or ability.**
* **I will show appreciation for an outstanding play by either team and will be a "team" fan, not a "my child" fan.**
* **I will help my child learn that success is measured by the development of skills, not winning or losing and I will show respect in defeat and modesty in victory.**
* **I will not post or send any pictures, written communications or verbally communicate anything that is negative, defamatory, accusatory or an any way harmful of hurtful to other GOYAns, the advisors or clergy.**
* **I will not post anything on social media that represents GOYA without Father's approval and direction.**
* **I will not use the GOYA email address list to send bulk emails for personal or other purposes.**

**GOYAn’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Return with Required Registration Forms (Form 3 of 5)Kimisis Tis Theotokou Greek Orthodox Church, Holmdel, NJ**

**GOYA Church Participation Requirements**

1. All GOYA Members are expected to attend Divine Liturgy every Sunday.
2. On game days, all GOYAns who are part of the Sunday School program are expected to be with their classes and all Altar servers are expected to be in the Altar.
3. GOYAns who are not part of the Sunday School program or Altar Service are expected to be in the Church. If you are visiting another church for a tournament or event, you are expected to attend the hosting church's Divine Liturgy.
4. All GOYA Member are expected to be at church by 10:00 am. Attendance will be taken. If you are unable to attend, you must contact Father Panagiotis/ Advisors/Youth Director with a valid reason.
* Fr. Panagiotis Lekkas – frpanagiotis@kimisis.com
* Kathryn Vellios – kathrynvellios@gmail.com
* Lynn Rexinis – mrexinis@gmail.com

The above rules are a requirement for participation in the GOYA program. If the above requirements are not followed, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , understand that I will not be allowed to participate in upcoming events. In addition, athletes who do not follow the above requirements will be suspended from game play.

GOYAn’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GOYAn’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Return with Required Registration Forms (Form 4 of 5)**

**Kimisis Tis Theotokou Greek Orthodox Church, Holmdel, NJ**

###### Liability Waiver and Permission Form

**Nature of the Youth Ministry Events:** Youth Ministry events are sponsored by Kimisis Tis Theotokou Greek Orthodox Church in Holmdel, NJ, and is affiliated with the Greek Orthodox Metropolis of NJ and the Greek Orthodox Archdiocese of America. By signing this waiver, you agree that you may be giving up legal rights and remedies available to yourself and your family. Read and complete this waiver carefully. If you have questions, please contact an attorney.

I understand that the nature of Youth Ministry events are both social and spiritual. Youth Ministry events will take place at a variety of locations throughout the year, including but not limited to Kimisis Tis Theotokou Greek Orthodox Church.

**Nature of Risks:** I understand that voluntarily traveling to and attending the various Youth Ministry events may involve certain risks beyond the reasonable control of the SPONSOR, its staff, directors, volunteers and agents in connection with the various Youth Ministry events, et al., and the Greek Orthodox Metropolis of NJ and the Greek Orthodox Archdiocese of America, and all parishes participating in it, and their respective officers, directors, volunteers and agents, and chaperones or representatives associated with the Greek Orthodox Metropolis of NJ and the Greek Orthodox Archdiocese of America, et al., including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of and that Sponsor, the Greek Orthodox Metropolis of NJ and the Greek Orthodox Archdiocese of America, et al. disclaim any and all responsibility for any such risks. If at any time during the various Youth Ministry events, attendees attempt to leave the event, they do so without the permission of the Sponsor, the Greek Orthodox Metropolis of NJ and the Greek Orthodox Archdiocese of America, et al., and will be subject to dismissal from participation in the event.

**Waiver of Liability/Hold Harmless:** By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. For value received, I agree on behalf of myself, my child's other parent if known or living, my child named herein, and our heirs, successors, and assigns ("Our Behalf") that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless Sponsor, the Greek Orthodox Metropolis of NJ and the Greek Orthodox Archdiocese of America, et al., with respect to any and all actions, claims or demands that may be made or brought on our Behalf against Sponsor, the Greek Orthodox Metropolis of NJ and/or the Greek Orthodox Archdiocese of America, et al. arising out of or in connection with my child’s attendance at the various Youth Ministry events, or any other activity my child may engage in while in transport to them. Further, for value received, for any injury to third parties that may arise because of my child’s actions or omissions, I agree to hold harmless and defend Sponsor, the Greek Orthodox Metropolis of NJ and the Greek Orthodox Archdiocese of America, et al., with respect to any and all actions, claims, expenses or demands arising there that may be made or brought against Sponsor, the Greek Orthodox Metropolis of NJ and/or the Greek Orthodox Archdiocese of America, et al., including but not limited to reasonable attorneys’ fees and expenses arising in connection therewith.

**Media Waiver:** We consent to the use by Sponsor, et al any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which my child may appear. I understand that these materials are being used for promotion of various Youth Ministry and Youth Ministry events by and for the Sponsor, et al. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of the Sponsor, the Greek Orthodox Metropolis of NJ and the Greek Orthodox Archdiocese of America, et al., from any liability connected with the use of my or my child’s picture or voice recording as part of any of the above or similar activities.

**Medical Permissions (Limited):** As a condition attending the various events, I grant permission in the event of an emergency or accident for emergency medical care to be administered to my child within the Facility and/or during or after transportation to a hospital or doctor for emergency medical care. I further understand that it is not the responsibility of Sponsor, the Greek Orthodox Metropolis of NJ and/or the Greek Orthodox Archdiocese of America, et al., to attempt to reach my child’s emergency contacts and that I remain responsible for my child’s medical expenses.

**Medical Information**

Pertinent information about allergies or health problems, present medication and dosage which your child may be taking and any other information that will enable the adult leaders to obtain safe medical treatment for your child, must be included on the attached GOYA Health Permission Form.

GOYAn’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GOYAn’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Kimisis Tis Theotokou Greek Orthodox Church, Holmdel, NJ**

###### GOYA Health Permission Form (Page 1 of 2)

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father (Guardian’s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother (Guardian’s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If not available in an emergency, notify** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSURANCE INFORMATION**

Is the participant covered by family medical/hospital insurance? (Circle one) YES NO

If yes, carrier or plan name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Photocopy of health insurance card (front and back) must be attached to this form.***

**HEALTH HISTORY**

**ALLERGIES** (List all known.) Describe reaction and management of the reaction.

Medication allergies

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food allergies

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other allergies (insect stings, hay fever, asthma, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATIONS BEING TAKEN** (Check one) Page 2 of 2

\_\_\_\_ This person takes NO medications on a routine basis.

\_\_\_\_ This person takes medications as follows:

**Med #1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage \_\_\_\_\_\_ Specific times taken each day \_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for taking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Med #2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage \_\_\_\_\_\_ Specific times taken each day \_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for taking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach additional page for more medications.

\*\*\*\*Additional forms will be required for GOYAns with medical issues such as life-threatening allergies, asthma, diabetes and seizure disorders.\*\*\*\*

**ADDITIONAL INFORMATION**

Please use this space to provide any additional information about the participant’s physical, emotional, or mental health about which Kimisis GOYA should be aware.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This health history is correct and complete, to the best of my knowledge. The person herein named has permission to engage in all Youth Program activities except as noted.

I hereby give Kimisis GOYA Program permission to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for Kimisis GOYA Program to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that Kimisis GOYA Program be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of Kimisis GOYA Program be treated as “personal representatives” for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR 164.510(b)) to the disclosure to Kimisis GOYA Program representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to Kimisis GOYA Program representatives related to the person’s ability to participate in Kimisis GOYA Program activities, and (ii) in the case of minors, to provide relevant information to the Kimisis GOYA Program representatives to keep me informed of my child’s health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Kimisis GOYA Program to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips away from Kimisis Tis Theotokou Greek Orthodox Church.

GOYAn’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GOYAn’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Return with Required Registration Forms (Form 2 of 2)**