

ST. GEORGE YOUTH MINISTRIES REGISTRATION 2017-2018

FAMILY last name _____

Father/guardian _____ Cell # _____ Email _____

Mother/guardian _____ Cell # _____ Email _____

Address _____ City _____ Zip _____

Preferred contact: _____ Mom _____ Dad _____ Grandparent: _____

Emergency contact _____ Cell # _____

Dad: Chaperone _____ Coach _____ Teacher Ass't _____

Mom: Chaperone _____ Coach _____ Teacher Ass't _____

CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
Name _____	_____	_____	_____	_____
Birthdate _____	_____	_____	_____	_____
Name day _____	_____	_____	_____	_____
Nick name _____	_____	_____	_____	_____
Select Ministries & Interests	Select Ministries & Interests	Select Ministries & Interests	Select Ministries & Interests	Select Ministries & Interests
Sunday School _____	Sunday School _____	Sunday School _____	Sunday School _____	Sunday School _____
Vacation Bible School _____	Vacation Bible School _____	Vacation Bible School _____	Vacation Bible School _____	Vacation Bible School _____
Acolyte _____	Acolyte _____	Acolyte _____	Acolyte _____	Acolyte _____
Myrrh Bearer _____	Myrrh Bearer _____	Myrrh Bearer _____	Myrrh Bearer _____	Myrrh Bearer _____
Greek School _____	Greek School _____	Greek School _____	Greek School _____	Greek School _____
Hope/Joy _____	Hope/Joy _____	Hope/Joy _____	Hope/Joy _____	Hope/Joy _____
GOYA _____	GOYA _____	GOYA _____	GOYA _____	GOYA _____
Retreats _____	Retreats _____	Retreats _____	Retreats _____	Retreats _____
Dance _____	Dance _____	Dance _____	Dance _____	Dance _____
Track & field _____	Track & field _____	Track & field _____	Track & field _____	Track & field _____
Soccer _____	Soccer _____	Soccer _____	Soccer _____	Soccer _____
Baseball _____	Baseball _____	Baseball _____	Baseball _____	Baseball _____
Basketball _____	Basketball _____	Basketball _____	Basketball _____	Basketball _____
Choir _____	Choir _____	Choir _____	Choir _____	Choir _____
Musical Instrument _____	Musical Instrument _____	Musical Instrument _____	Musical Instrument _____	Musical Instrument _____
Other _____	Other _____	Other _____	Other _____	Other _____
Shirt size _____	Shirt size _____	Shirt size _____	Shirt size _____	Shirt size _____

LIABILITY AND MEDICAL TREATMENT FORM In consideration of the Greek Orthodox Metropolis of Atlanta, Inc. I fully and unconditionally agree as follows:

1. The Undersigned fully understand, acknowledge & agree that: (a) all indoor/ outdoor Church Events have inherent risks & exposures (collectively defined as the "Dangers");(b) participation in Church Events and/or use of Church owned, borrowed or leased equipment, facilities, real or personal property, buildings, or spiritual, residential or recreational items, properties or equipment (collectively defined as the "Church Property and Equipment") may result in injury, illness, sickness, disease, strains, breaks, fractures, partial and/or total paralysis, death or other ailments or injuries that could cause serious disability (all of the foregoing being collectively defined as the "Injuries"); (c) these Dangers or Injuries may be caused by: (i) accidents, the forces of nature, foreseeable or unforeseeable causes, or other causes; or (ii) the actions, omissions or negligence of other participants in Church Events or other individuals or entities; or (iii) the actions, omissions or negligence of the Church Youth Director, Metropolitan, Church Event chaperons or leaders, clergy or other Church Council members, parishioners, agents, subcontractors, officers, volunteers or employees of the Church (all of the foregoing individuals being collectively defined as the "Church Officials"); and (d) by the participation by any of the Undersigned in Church Events or use of Church Property and Equipment, the Undersigned hereby assume all risks and Dangers and all responsibility for any and all Injuries, Dangers, losses and damages, which occur or arise therefrom, whether caused in whole or in part by the actions, omissions or negligence of any of the Church Officials, the Church or any other person or entity.

2. The Undersigned Participant and Guardian, on behalf of all of the Undersigned, including their respective children, representatives, heirs, beneficiaries and successors, hereby voluntarily release, waive, discharge, hold harmless, defend and indemnify the Church, and all Church Officials, from any and all Injuries, Dangers, lawsuits, other proceedings, claims of any kind, actions or losses of any kind, including without limitation those for bodily injury, Injuries, property damage, wrongful death, loss of services or otherwise, which might arise out of use of the Church Property and Equipment or participation in, or travel to, any Church Events. The Undersigned specifically understand and agree that the Undersigned are releasing, discharging and waiving, without limitation, any claims or actions that the Undersigned may have presently or in the future for the negligence, actions, omissions or other conduct by Church or any or all of the Church Officials in connection with Church Events or Church Property and Equipment. The Undersigned also hereby represent that the Participant is in good physical and mental condition and is capable of participating in outdoor and indoor recreational activities and programs all without incident or problem of any kind, including, but not limited to, swimming, diving, boating, ropes courses, climbing activities, basketball, volleyball and other sports and adventure activities. The Undersigned accept all responsibility for Participant's physical well-being and health and the results of the Undersigned's participation in any such activities or Church Events.

3. THE UNDERSIGNED HAVE READ THIS WAIVER AND RELEASE AND BY SIGNING IT AGREE THAT IT IS THE UNDERSIGNED'S INTENTION TO FULLY AND COMPLETELY RELEASE, EXEMPT, RELIEVE AND HOLD HARMLESS THE CHURCH AND ALL CHURCH OFFICIALS FROM ANY LIABILITY OR OTHER CLAIM OF ANY KIND FOR ANY INJURIES, DANGERS, PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE, ACTIONS, OMISSIONS OR OTHERWISE IN ANY WAY RELATED TO CHURCH EVENTS OR CHURCH EQUIPMENT.4. Any Church Official may seek whatever medical attention or treatment he or she believes the Participant may need, including, without limitation, having them see a doctor or other professional at a hospital, clinic, other medical facility or at Church Events (collectively defined as the "Medical Professionals"), and any Medical Professionals may treat the Participant and provide whatever medical attention or treatment they believe the Participant requires or could benefit from (the "Medical Treatment").

5. The Undersigned Guardian and Participant (if of legal age) will remain completely financially responsible and liable (regardless of whether or not he or she has insurance) for any and all costs, fees or expenses associated with any such Medical Treatment, and the Guardian and Participant (if of legal age) will promptly reimburse and indemnify the Church, any Church Official and/or the Medical Professionals for any costs, fees, expenses or claims of any kind they may incur in obtaining such Medical Treatment for the Participant; provided, however, that nothing herein shall obligate the Church or Church Official to incur any such costs, fees or expenses or seek such Medical Treatment, and nothing herein shall supersede, limit or conflict with any Waivers, Releases or Hold Harmless Agreements that may be executed in favor of any of the Church or any Church Officials in this or any other document.

All of the above provisions are accepted and agreed to as of: _____ (Date)

"UNDERSIGNED" _____

Participant's Signature & Address

Printed Name If Participant is less than 18 years old

Guardian's Signature & Address (if different)

Print Name

Emergency Contact Name: _____ **Phone Number:** _____

Address: _____ **Relationship:** _____

INSURANCE (please copy card and Driver License)

Insurance Company Name: _____

Name of Insured: _____ **Group Number:** _____

Bin Number: _____ **ID Number:** _____

Phone Number: _____

Insurance Co. Address on card: _____

Permissions for Youth Ministry Activities and Technology :

Please initial the following items you agree to and then sign and date the bottom of the form for all family members

Photo/Video Release:

_____ I grant permission to St George Greek Orthodox Church to photograph child(ren) /adult during activities and use the photographs in audio-visual and printed materials without compensation or approval rights. Photos may be used on the church website or church Facebook page. According to church policy, church employees will not publish a child's name along with any photos without express permission of parent or guardian.

_____ I grant permission to St George Greek Orthodox Church to post a video of child(ren)/adult during activities and use the video in audio-visual and printed materials without compensation or approval rights. Videos may be posted on YouTube and linked to the church website or church Facebook page. According to church policy, church employees will not publish a child's name along with any videos without express permission of parent or guardian. All videos posted will be approved by the Parish Ministry Coordinator and Parish Priest.

Technology Release:

_____ The Parish Ministry Coordinator has permission to text the child (ren)/adult with ministry updates and information.

_____ If child(ren)/adult has a Facebook account and has the permission to be included in the "Church Ministries" Facebook page and or website.

Blanket Field Trip Permission for September 2016- May 2017: (children only)

_____ We give permission for our child(ren) to participate in field trips planned during September 2015-May 2016. These groups will be accompanied by Church Youth volunteers and the Parish Ministry Coordinator.

PHOTO RELEASE FORM

I, _____, hereby grant and authorize St. George Greek Orthodox Church the right to take, edit, alter, copy, exhibit, distribute and make use of any and all pictures and video taken of Adult/ (child/ children) (list ALL Children separately _____

_____ to be used in and/ or for legally promotional materials including but not limited to, newsletters, flyers, posters, brochures, advertisements, fund-raising letters, annual reports, press kits, and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and market now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of St. George Greek Orthodox Church and will not be returned.

I hereby hold harmless, and release St. George Greek Orthodox Church from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on behalf of my estate.

If the person signing is under the age of consent, then this release must be signed by a parent or guardian, as follows:

I hereby certify and I do give my consent without reservation to the foregoing on behalf of this individual.

(Signature) Parent/Guardian/Adult

(Date)

(Print name) Parent/Guardian/Adult

(Relationship with Children)

Medical and Emergency information (Youth)

Name of Children and Ages: Child #1 _____ Child#2 _____ Child#3 _____
Child#4 _____

Please mark one or write the name and address and phone number of preferred hospital for use in the event of an emergency.

____ Trinity medical Center- 9330 State Road 54, New Port Richey, Florida 34655 – (727) 834-4000

____ Morton Plant North Bay Hospital 6600 Madison Street, New Port Richey, NPR Florida 34652 (727) 842-8468

____ Medical Center of Trinity West Pasco Campus 5637 Marine Pkwy, NPR, FL 34652 (727) 834-4000

Other preferred hospital: _____

Emergency contact information:

1. Name, cell phone and relationship of other responsible adult allowed to pick up child (participate) in case of an emergency or parents/guardian can not be reached.

2. Primary Physicians name, address and phone number

3. Name of health insurance company and policy number

4. Dentist name, address and phone number

5. Does the participant(s) take any medication on regular basis? (List child name and medication separately)

6. Are there any situations or pertinent information which we should know in order to further understand the participant? Please explain (list child name and medication separately)

7. Does the participant have any health problems, (for example, allergies to food, medications, or bee stings; Diabetes, asthma, epilepsy, seizures ect.) if yes, please explain: (list child name and medication separately)

I GIVE PERMISSION FOR MY CHILD(PARTICIPATE) TO BE TREATED AT THE NEAREST HOSPITAL IN CASE OF AN EMERGENCY IS I AM UNABLE TO BE CONTACTED AT THE PHONE NUMBERS LISTED ABOVE. THIS PERMISSION EXTENDS TO EMERGENCY TREATMENT INCLUDING, BUT NOT LIMITED TO, SURGERY, X-RAYS AND MEDICATIONS.

Parent/guardian signature

Date