PARTICIPATION PERMISSION & MEDICAL RELEASE FORM YOUTH MINISTRIES 2019-2020

Please *initial* which ministries your child may participate in:

			_	ides Pre-K thru 8)	
Greek School Program (Additional registration form needed if your child is registering for Greek School)					
		yc	our cniia is registering j	for Greek Scnoot)	
			Mommy & Me (ago	es infant thru 4)	
		J.O.Y	Junior O rthodox Y outh	n (ages 5 thru 11)	
	G.O.Y	Y.A. Greek Ortho	dox Youth of America	(ages 12 thru 18)	
			ALTAR BOY (boys a	ages 7 and older)	
Child's Full Name _					
Mailing Address					
City, State, Zip Cod	e				
Date of Birth	Age	Nickname (if p	referred)		
Home	Cell	Email			
Parent/Guardian N	Jame:		Relationship		
Parent Cell	Eme	rgency	Email		
I give my child Assumption Youth Mi	nistry Programs ar	permission nd associated Ever	to participate in the a nt/Field Trips.	any/all of the above listed	
its constituent represe damage or loss to my	entative organization child that may aris nited to, transporta	ons from any and e in any way from ation to or from a	all liability for personal participating in these	of Manchester, NH, and l injuries and/or property programs/activities. This liability that results from	
				be treated for emergency treatment is advised by a related to such treatment.	
PLEASE LIST ALL	CURRENT MED	ICAL CONDITI	ONS / ALLERGIES:		
Child's Physician			Phone		
I (parent/guardian)am currently a mem					
the		Greek Orthodo	ox Parish in	NH.	
Parent/Guardian Signature				Date	