

PARTICIPATION PERMISSION & MEDICAL RELEASE FORM
YOUTH MINISTRIES 2020-2021

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

Sunday School/Religious Education (grades Pre-K thru 8) _____
Greek School Program (*Additional registration forms needed if
your child is registering for Greek School*) _____

Mommy & Me (ages infant thru 4) _____

J.O.Y. Junior Orthodox Youth (ages 5 thru 11) _____

G.O.Y.A. Greek Orthodox Youth of America (ages 12 thru 18) _____

ALTAR BOY (boys ages 7 and older) _____

Child's Full Name _____

Mailing Address _____

City, State, Zip Code _____

Date of Birth _____ **Age** _____ **Nickname (if preferred)** _____

Home _____ **Cell** _____ **Email** _____

Parent/Guardian Name: _____ **Relationship** _____

Parent Cell _____ **Emergency** _____ **Email** _____

I give my child _____ permission to participate in the any/all of the above listed Assumption Youth Ministry Programs and associated Event/Field Trips.

I agree to indemnify and hold harmless the Assumption Greek Orthodox Church of Manchester, NH, and its constituent representative organizations from any and all liability for personal injuries and/or property damage or loss to my child that may arise in any way from participating in these programs/activities. This includes, but is not limited to, transportation to or from any activities, including liability that results from alleged negligence of the church and its representatives.

Furthermore, I agree to allow my child _____ to be treated for emergency medical conditions that should result from any injuries received, providing such treatment is advised by a medical physician. I accept full responsibility for any and all cost, which may be related to such treatment.

PLEASE LIST ALL CURRENT MEDICAL CONDITIONS / ALLERGIES:

Child's Physician _____ **Phone** _____

I (parent/guardian) _____ am currently a member in Good Standing of the _____ Greek Orthodox Parish in _____ NH.

Parent/Guardian Signature _____ **Date** _____