PARTICIPATION PERMISSION & MEDICAL RELEASE FORM YOUTH MINISTRIES 2022-2023

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

	Sunday Schoo	ol/Religious Education (grades Pre-K thru 8)
		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 . G ree	ek O rthodox Y outh of A merica (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 Nicknan	me (if preferred)
Home	Cell	Email
Parent/Guardian Nam	ıe:	Relationship
Parent Cell	Emergency _	Email
I give my child Assumption Youth Minist	per ry Programs and associa	rmission to participate in the any/all of the above listed ated event/field trips.
its constituent representate damage or loss to my child	tive organizations from a d that may arise in any w d to, transportation to or	mption Greek Orthodox Church of Manchester, NH, and any and all liability for personal injuries and/or property way from participating in these programs/activities. This r from any activities, including liability that results from atives.
Furthermore, I agree to a medical conditions that sh medical physician. I accep	allow my child nould result from any inj ot full responsibility for a	to be treated for emergency juries received, providing such treatment is advised by a any and all cost, which may be related to such treatment.
PLEASE LIST ALL CUI	RRENT MEDICAL CO	ONDITIONS / ALLERGIES:
Child's Physician		
		am currently a member in Good reek Orthodox Parish in NH.
omming of the	01	WILL THOUGH I WIGHT III
Parent/Guardian Sign	ature	Date