

Saint Sophia Cathedral, Washington, DC
Sunday School GOYA MEMBERSHIP APPLICATION

MEMBERSHIP
YEAR
2019-2020

PLEASE PRINT ALL INFORMATION.

NAME _____
LAST FIRST

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (HOME) (_____) _____ - _____

GOYAN'S EMAIL ADDRESS: _____

Cell # _____ BIRTH DATE ____ / ____ / ____

PRESENT AGE _____ PRESENT GRADE _____ JERSEY # (if on the Basketball team) _____

SCHOOL ATTENDING (NAME/CITY) _____

FATHER/GUARDIAN'S NAME _____ WORK# (____) _____ - _____

FATHER'S EMAIL: _____ CELL PHONE (____) _____ - _____

MOTHER/GUARDIAN'S NAME _____ WORK# (____) _____ - _____

MOTHER'S EMAIL: _____ CELL PHONE (____) _____ - _____

I, _____ consent AND ALLOW THE SAINT SOPHIA CATHEDRAL GOYA PROGRAM TO USE, PUBLISH and COPYRIGHT my image, PICTURE, PORTRAIT OR LIKENESS and voice RECORDED IN ANY FORMAT at Greek Orthodox Youth Association (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 Saint Sophia Monthly Newsletter, The Orthodox Observer, the Hellenic Times, the website, FOR ADVERTISING AND SIMILAR SUCH PROMOTIONS AND RENDITIONS THROUGHOUT THE WORLD. I have received no consideration for this release.

YOUTH SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

1. HAVE YOU SUBMITTED A COMPLETED HEALTH FORM? _____ YES _____ NO

2. HAVE YOU SUBMITTED ALL THREE PAGES OF REGISTRATION? _____ YES _____ NO

Stewardship is **\$25 PER CHILD, PER YEAR AND MUST ACCOMPANY THIS APPLICATION,**
MAKE CHECKS PAYABLE TO: Saint Sophia GOYA

RETURN WITH REQUIRED REGISTRATION FORMS

Saint Sophia Cathedral, Washington, DC Sunday
School GOYA RULES AND REGULATIONS

MEMBERSHIP
YEAR
2019-2020

The purpose of GOYA is to direct me to become a worthy servant of my Lord Jesus Christ within the Orthodox Christian Faith. My fellowship with my peers in religious, educational, philanthropic, social, athletic and cultural activities should always reflect my Christian Faith.

I hereby agree to abide by and observe all the Rules and Regulations that have been set down by the Direct Archdiocesan District and by my Parish Youth Group (Saint Sophia Cathedral Sunday School GOYA) and in particular:

1. I will attend Divine Liturgy and Sunday School regularly and as often as possible.
2. I will demonstrate true Christian behavior and I will fully participate in the GOYA Ministry activities with an open heart and mind, ready to have fun, learn, and work for the organization.
3. I will attend Church Services, Sunday School, events, and Retreats faithfully.
4. I will treat the clergy, my advisors, my fellow participants, and visitors with love and respect.
5. I will not drive an automobile to any, Local, District or State Youth functions without the specific written permission of the Priest, Youth Advisor and Parent/Guardian. No passengers will be permitted without the written permission of the Parent / Guardian.
6. I will not leave the grounds at any GOYA functions without receiving the Advisor's permission.
7. I will attend Meetings, Practices, and GOYA events, faithfully.
8. I will wear appropriate clothing while at GOYA Ministry Activities. None of my clothing will advertise or promote the use of alcohol, tobacco, drugs, weapons, or violence. I will dress in a modest fashion and I understand that the dress code will be enforced at the discretion of the advisors.
9. I will not bring tobacco, alcohol, drugs, pornographic material, weapons, or fireworks to any GOYA event. If this occurs I understand that my parents will be notified and I risk expulsion from GOYA.
10. I will treat our Youth Room with respect and I understand that I am responsible for any damage intentionally caused by me to the room or furnishings therein within thirty days.
11. I will adhere to ALL deadlines, for each GOYA Event. If I miss any deadlines, I understand that no special considerations or privileges can be made.
12. 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 advisors have decided to search my belongings.

If any of the above rules and regulations are broken, the privilege of attending and participating in youth functions will be **SUSPENDED OR DENIED**. The Parish Priest and Youth Advisors will review all infractions with input from the GOYA Board, with the final decision from the Parish Priest.

Parent's/Guardian's Signature _____ Date _____

GOYAN'S Signature _____ Date _____

RETURN WITH REQUIRED REGISTRATION FORMS

Saint Sophia Cathedral, Washington, DC Sunday
School GOYA HEALTH PERMISSION FORM

MEMBERSHIP
YEAR
2019-2020

GOYAN'S NAME _____

DATE OF BIRTH _____ PHONE # _____

ADDRESS _____

MOTHER'S NAME _____ EMPLOYMENT _____ cell # _____

FATHER'S NAME _____ EMPLOYMENT _____ cell # _____

FAMILY DOCTOR'S NAME _____ TEL # _____

HOSPITAL OF CHOICE _____

DENTIST'S NAME _____ TEL # _____

MEDICAL PROBLEMS _____

MEDICATIONS ON A REGULAR BASIS _____

KNOWN ALLERGIES _____ REACTION _____ TREATMENT _____

Names and telephone numbers of two persons to contact if your child is ill or injured.

In the event that the parent or guardian cannot be contacted, these persons and accompanying advisors might have to make a medical decision.

Name _____ Telephone _____

Name _____ Telephone _____

EMERGENCY MEDICAL TREATMENT

To the Parish Priest and Advisors:

In the event that I am unable to be reached and my child needs EMERGENCY MEDICAL TREATMENT during any time he/she is a member of the Saint Sophia Sunday School GOYA, you have my permission, and I hereby designate you my agent, to act in my son's/daughter's best interest in obtaining necessary transportation and medical care until I can be contacted. I hereby release you from any claim arising out of the doctor's actions, and I assume and agree to pay for any professional medical services incurred.

I/We also release from all liability the Sunday School GOYA of Saint Sophia Cathedral, the parish of Saint Sophia (DC), the Greek Orthodox Direct Archdiocesan District, the Archdiocese of America and all officers, clergy, administrators, chaperones, and/or attendants thereof should my/our child(ren) be injured or otherwise harmed during a GOYA-sponsored event or in official GOYA transportation (driven by an adult over the age of 25 or by a professional driver) to and from an event.

Moreover, I/we hereby grant my/our consent to the hospital and its medical staff to provide my child with emergency medical treatment as deemed necessary (including anesthesia). I understand that my child may need to be taken to and cared for at the nearest hospital. Furthermore, I agree to accept financial responsibility for all medical expenses incurred.

Date_____ Parent/Guardian Signature _____

Date_____ Parent/Guardian Signature _____

Permission for emergency medical treatment will be effective throughout the member's enrollment. If there is any change of information, please telephone the parish priest or Advisors.

YOUR INSURANCE COMPANY _____

GROUP IDENTIFICATION #: _____

MEMBER # _____

TELEPHONE # _____

RETURN WITH REGISTRATION FORMS

GOYA MEDICAL HISTORY QUESTIONNAIRE

GOYAN'S NAME _____ DATE _____

Please indicate with a checkmark if your child has a history of any of the following and provide the date and details.

<input type="checkbox"/>	Concussion or Head injury (number)
<input type="checkbox"/>	Loss of consciousness after injury
<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Skull fracture
<input type="checkbox"/>	Headaches/Migraines
<input type="checkbox"/>	Broken Nose
<input type="checkbox"/>	Sinus Infections
<input type="checkbox"/>	Ear Infections / Conditions
<input type="checkbox"/>	Chest Pains or Palpitations w / exercise
<input type="checkbox"/>	Low / High Blood Pressure
<input type="checkbox"/>	Heart Defect / Murmur
<input type="checkbox"/>	Neck Injury / Recurrent Pain
<input type="checkbox"/>	Back Injury / Recurrent Pain
<input type="checkbox"/>	Hip / Pelvic Injury / Recurrent Pain
<input type="checkbox"/>	Knee Injury / Recurrent Pain
<input type="checkbox"/>	Ankle / Foot Injury / Recurrent Pain
<input type="checkbox"/>	Shoulder / Injury / Recurrent Pain
<input type="checkbox"/>	Elbow / Injury / Recurrent Pain
<input type="checkbox"/>	Wrist / Hand Injury ■ Recurrent Pain
<input type="checkbox"/>	Fracture _____
<input type="checkbox"/>	Joint Dislocation, _____

<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Lactose Intolerant
<input type="checkbox"/>	Diabetes (Type)
<input type="checkbox"/>	Fatigue or Undue Tiredness
<input type="checkbox"/>	Tendency to Bruise Easily
<input type="checkbox"/>	Skin Condition
<input type="checkbox"/>	Gastrointestinal Problems
<input type="checkbox"/>	Ulcer or Recurrent Abdominal Pain
<input type="checkbox"/>	Hernia
<input type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	Bladder/Urinary Tract Infections
<input type="checkbox"/>	Menstrual Concerns Problems
<input type="checkbox"/>	Condition Affecting Balance / Coordination
<input type="checkbox"/>	Fainting Spells
<input type="checkbox"/>	Wears Contact Lenses
<input type="checkbox"/>	Glasses
<input type="checkbox"/>	Braces
<input type="checkbox"/>	Other
<input type="checkbox"/>	Hospitalization (dates and reasons) _____
<input type="checkbox"/>	_____
<input type="checkbox"/>	Surgery _____

Date of Most Recent Tetanus Injection: _____ (must be provided)

Has your child been advised not to participate in any sport or athletic activity? If yes, please explain:

Please list all allergies here:

Please list any prescription, over-the-counter medication(s) or herbal remedies taken by your

child: Are there any other medical concerns/problems of which we should be aware?