

**ST. DEMETRIOS GREEK ORTHODOX CHURCH
WILLIAMSBURG, VA**

YOUTH REGISTRATION & LIABILITY RELEASE FORM 2016-2017

FAMILY CONTACT INFORMATION:		
MOTHER'S NAME:	FATHER'S NAME:	
ADDRESS:		
CITY:	STATE:	ZIP
HOME PHONE #:	CELL PHONE #:	
PARENT'S EMAIL:		

******PLEASE LIST OTHER CHILDREN IN SAME FAMILY ON THE BACK OF THIS FORM******

<i>Please enroll my child in the following youth programs sponsored by St. Demetrios. ____ Church School ____ Greek Dance ____ Greek Language ____ Age appropriate youth group Some activities may have fees, which I agree to pay on behalf of my child.</i>		
NAME OF STUDENT:		
DATE OF BIRTH:	NAME IN GREEK:	
PATRON SAINT:	NAMEDAY/FEAST DAY:	
GRADE IN SCHOOL:	AGE:	STUDENT EMAIL: (IF APPLICABLE)
ALLERGIES/OTHER NOTES TO THE TEACHER:		

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Parent Participation: <i>Some activities may have fees, which I agree to pay on behalf of my child. I understand that some activities may be conducted away from St. Demetrios, I give my permission for my child to be transported to these events by qualified adult drivers. As a parent/guardian, I understand that I have a sacred responsibility to encourage my son or daughter's religious & cultural education in partnership with the clergy, teachers, and youth leaders. I therefore promise to make a conscientious effort to see to it that my child attends youth activities regularly and to work to reinforce their lessons at home and to participate as needed in the class work, projects, programs, and the liturgical life of our church community.</i>	
<input type="checkbox"/> I give permission for my child to be photographed for Church publications & Church websites. <input type="checkbox"/> I DO NOT give permission for my child to be photographed for Church publications & Church websites.	
Parent/Guardian Name(s):	
Signature:	Date:

ST. DEMETRIOS GREEK ORTHODOX CHURCH WILLIAMSBURG, VA (continued)

NAME OF STUDENT:	
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DATE OF BIRTH:	GREEK NAME:
PATRON SAINT:	NAMEDAY/FEAST DAY:
GRADE IN SCHOOL: AGE:	STUDENT EMAIL: (IF APPLICABLE)
ALLERGIES/OTHER NOTES TO THE TEACHER:	
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PATRON SAINT:	NAMEDAY/FEAST DAY:
GRADE IN SCHOOL: AGE:	STUDENT EMAI: (IF APPLICABLE)
ALLERGIES/OTHER NOTES TO THE TEACHER:	

ST. DEMETRIOS GREEK ORTHODOX CHURCH, WILLIAMSBURG, VA

MEDICAL INFORMATION AND EMERGENCY RELEASE FORM		
FAMILY CONTACT INFORMATION:		
MOTHER'S NAME:	FATHER'S NAME:	
ADDRESS:		
CITY:	STATE:	ZIP
IN CASE OF EMERGENCY WHAT CONTACT NUMBER SHOULD WE USE?		
HOSPITAL OF CHOICE:	Insurance Company/Policy Number	
CHILD'S NAME:	PHYSICIAN	PHYSICIAN PHONE NUMBER:
List Medications & Allergies for this child		
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CHILD'S NAME:	PHYSICIAN	PHYSICIAN PHONE NUMBER:
List Medications & Allergies for this child		

Emergency contacts: List the names and phone numbers of two people to contact (other than a parent) if your child is ill or injured in the event that you cannot be contacted, these persons may have to make medical decisions.

First Contact Name:	Phone:
Second Contact Name:	Phone:

<p>Emergency Medical Treatment: <i>In the event that I am unable to be reached and my child needs EMERGENCY MEDICAL TREATMENT during any time he/she participates in Church Activities, you have my permission and I hereby designate you my agent to act in my child's best interest in obtaining transportation and medical care until I can be contacted. I hereby release you from any claim arising out of your and the doctor's actions relating to my child's illness/injury and I assume and agree to pay for any professional medical services and other fees/costs incurred.</i></p> <p>Accident release: <i>I release St. Demetrios Greek Orthodox Church, Williamsburg, VA and its employees and volunteers of any responsibility in the event of an accident while my child(ren) is/are participating in a youth ministry activity. I furthermore verify that the information provided on the youth registration forms is current and accurate.</i></p>	
Parent/Guardian Signature:	Date: