



Greek Orthodox Archdiocesan District Olympics GOYA Athlete Registration Form

Church _____ Program Year _____

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY FOR THE ATHLETE TO BE ELIGIBLE TO COMPETE.

Part I - Participant Information (please print in lined, blank area provided below)

Name: _____

Address: _____

City, State, Zip: _____

Birthday: _____
Month Day Year

Home Phone: _____

Allergies: (circle) Yes No If Yes, describe: _____

Sensitivities: (circle) Yes No If Yes, describe: _____

Current Medication: (circle) Yes No If Yes, describe: _____

Other medical problems: Yes No If Yes, please name: _____

Did you ever participate in the Archdiocesan Olympics? YES NO

If yes, please name church and year participated _____

By filling out and signing this eligibility form, I attest that the above information is accurate and that I have read the Code of Conduct and Chaperone Guidelines of the Greek Orthodox Archdiocesan District Olympics (located at www.goado.com) and will adhere to them.

Athlete's Signature

Parish Priest or Head Advisor's Signature

Part II - Parent/Guardian Insurance Information (please print)

Parent/Guardian Names: _____

Family Insurance Plan Name: _____

Policy Number: _____

Part III- Parent Approval

As a parent/guardian, I do know and realize the dangers involved in participating in these games. I further recognize that everyone involved has taken every step in assuring that the games will be safe and enjoyable. I will not hold the Olympic Committee, Church, Clergy or Advisors responsible for any mishap or accident. I hereby give permission for my child to receive emergency medical attention if the need arises. If there is no family insurance, I understand and agree all medical expenses will be paid by the parent/guardian.

PARENT/GUARDIAN SIGNATURE