



EMERGENCY HEALTH AND CONSENT FORM

Greek Orthodox Metropolis of Pittsburgh G.O.Y.A. Fall Retreat 2009

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Emergency Contact Information

Name _____ Gender _____
Last First

Address _____
Street City State Zip

Birth Date ____/____/____ Age _____ Grade in School _____

Custodial Parent(s)/Guardian(s) _____
(Please include first and last names of both parents/guardians if applicable.)

Home Ph (____) _____ Cell (____) _____ Work (____) _____

If not available in an emergency, notify:

Name _____ Relationship _____ Ph _____

Family Physician Name _____ Ph _____

Health & Insurance Information

Are there any medical or dental conditions that we should be aware of? _____

Is your child taking either prescription or over-the-counter medication on a regular basis? Yes / No

Name of medication(s) _____

Are there any over-the-counter medications which may not be given without your consent?

Does your child have allergies? (food, drug, insect, etc.) _____

Carrier _____ Policy or Group # _____ ID # _____

Name of Policy Holder _____ Relationship to Participant _____

Please attach photocopy card here.

Front of Medical Insurance Card

Please attach photocopy card here.

Back of Medical Insurance Card



GOYA Covenant ~ Code of Conduct

- I am an Orthodox Christian who attends church services regularly. I also attend Sunday School and am active in GOYA.
- I understand that it is a privilege to be a Participant and will represent myself in a Christ-like manner.
- I have read, understand and will abide by the Metropolis Athletic Rules and Dress Code.
- I will refrain from using profane language and all illegal drugs including alcohol and tobacco. (See Metropolis Athletic Rules, page 1, for more information on what is not permitted.)
- I understand that failure to comply with the Metropolis Rules and this Code of Conduct may result in expulsion from this and/or future events.
- I will be personally responsible for my actions and if my behavior is not that of an Orthodox Christian, I will be asked to leave the Tournament at my own expense.
- I have read, understand and will abide by the Metropolis Dress Code.
- I will participate in all weekend activities, stay with my group and be on time.
- I will respect all property including housing, athletics, indoor/outdoor facilities.
- I will do everything possible to ensure that my play and that of my teammates is in a Christian manner.
- I will respect other Players, Coaches, Advisors, Referees and Official Representatives and myself.

Player/Non-Player Agreement

Signature of Player/Participant

Date

Parent/Guardian ~ Authorization & Consent

- I/We have read and agree to support the Metropolis Athletics Rules, revised 9/2009.
- I/We as the legal guardian(s), give our consent and approval for our child to participate and travel to/from any/all Metropolis of Pittsburgh Athletic tournaments.
- I/We consent to the use of any photo, film or videotape taken during Tournament Weekend for publicity deemed appropriate by the Metropolis of Pittsburgh.
- I/We understand that Metropolis Representatives, in the presence of the parish priest or chaperones, reserve the right to enter the room of any Participant where there may be concern for their safety or the safety of others. In addition, it may be necessary to search the bags, suitcases or rooms of anyone who is suspected of possessing drugs (including alcohol, tobacco products, etc) or weapons. In recognition thereof, we give permission for this to occur.
- In recognition of the possible dangers to my child, I hereby knowingly and voluntarily waive any right or cause of action of any kind against the members, directors, agents, employees of the Greek Orthodox Archdiocese of America, the Greek Orthodox Metropolis of Pittsburgh, its parishes and staff for any personal injury to my child occurring during any and all youth events sponsored by the Greek Orthodox Metropolis of Pittsburgh and/or its parishes, including but not limited to: overnight and day retreats, athletics, folk dancing, oratorical festivals, special events, service projects and the transportation to and from any and all said events.
- I/we the parents(s) or legal guardian(s) hereby authorize and give consent to any x-ray examination, or surgical diagnosis rendered under the general or special supervision of a licensed personnel on the staff or any licensed hospital. This authorization is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician. It is understood that an effort will be made to contact the undersigned prior to rendering treatment, but that any of the above treatment will not be withheld if the undersigned cannot be reached. In recognition of the possible dangers to my child, any medical expense that my child may incur due to personal injury or illness is my financial responsibility and not that of the Metropolis or the Greek Orthodox Archdiocese of America.
- In consideration of our child's acceptance, we the undersigned do agree to indemnify and hold harmless the Greek Orthodox Metropolis of Pittsburgh, the Tournament Host Parishes, its directors, officers, and agents without regard to any negligence on their part against any claim for damages, compensation or otherwise including all losses and expenses caused to or by our child while participating in all youth events.

Parent/Guardian Consent

Signature of Parent or Guardian

Date