

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

MEMBERSHIP  
YEAR  
**2018-2019**

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 **\$20 PER CHILD**, PER YEAR AND MUST ACCOMPANY THIS APPLICATION,  
 MAKE CHECKS PAYABLE TO: **Saint Sophia GOYA**

**RETURN WITH REQUIRED REGISTRATION FORMS**

**Sunday School GOYA RULES AND REGULATIONS**

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**

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.

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

- Asthma
- Lactose Intolerant
- Diabetes ( Type )
- Fatigue or Undue Tiredness
- Tendency to Bruise Easily
- Skin Condition
- Gastrointestinal Problems
- Ulcer or Recurrent Abdominal Pain
- Hernia
- Kidney Disease
- Bladder/Urinary Tract Infections
- Menstrual Concerns / Problems
- Condition Affecting Balance / Coordination
- Fainting Spells
- Wears Contact Lenses
- Glasses
- Braces
- Other
- Hospitalization (dates and reasons) \_\_\_\_\_
- \_\_\_\_\_
- 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?