



METROPOLIS OF SAN FRANCISCO
SOUTHERN CALIFORNIA GOYA LENTEN RETREAT

REGISTRATION FORM

(PLEASE TURN IN ALL REGISTRATION FORMS BY OR BEFORE FRIDAY, FEBRUARY 17 TH)

Participant Information:

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

PHONE: _____ E-MAIL: _____

GENDER: _____

DATE OF BIRTH: ____/____/____ SCHOOL GRADE 2011/2012: _____

PARISH: _____ PRIEST: _____

PARENTS NAMES OR LEGAL GUARDIANS: _____

REGISTRATION FEE: \$110: Package Includes:

- 1) 2 Nights Lodging
- 2) all meals from Friday night to Sunday brunch and
- 3) participation in high ropes course, archery, and all other activities

PLEASE MAKE CHECKS PAYABLE TO "METROPOLIS OF SAN FRANCISCO"

and write "YOUTH" on the memo line

Please FAX OR EMAIL FORMS TO:

Sts. Constantine and Helen Greek Orthodox Church

FAX: (661) 948-1234 email: frbob@stsch.org

*** Payment will be collected on the day of the event ***

If you have any questions please contact Paul Gikas, Metropolis Youth Director

Phone: (415) 814-1186

Fax (415) 753-1165

Activities Information:

Are you limited in any activity? (if yes, please explain) _____

Health Information:

*Please include a copy (front/back) of your health insurance card.

MEDICAL INSURANCE: _____ POLICY NO. _____

PRIMARY CARE PHYSICIAN _____ PHONE: _____

DIETARY DESTRICCTIONS: _____

Does the participant have any allergies? (Circle One) YES NO

List any food allergies:

List any environmental allergies:

List any medication allergies:

List any medications your child is currently prescribed:

(Please use another sheet to explain any conditions, illnesses, or special needs your child has.)

Emergency Information:

EMERGENCY CONTACT:

#1: _____ RELATION: _____

HOME NO: _____ WORK: _____ CELL: _____

#2 _____ RELATION: _____

HOME NO: _____ WORK: _____ CELL: _____

Pick-up/Drop-off Information:

WHO WILL BRING YOUR CHILD TO THE RETREAT? _____

RELATION TO CHILD: _____

WHO WILL PICK YOUR CHILD UP FROM THE RETREAT? _____

RELATION TO CHILD: _____

GREEK ORTHODOX METROPOLIS OF SAN FRANCISCO LENTEN RETREAT
Valley Trails Camp, Castaic, CA * February 24-26, 2012

**AUTHORIZATION FOR CONSENT FOR TREATMENT OF A MINOR
AND LIABILITY WAIVER FORM**

I, the parent or legal guardian hereby authorize and consent to X-ray examination, or any other examination by licensed personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis; treatment of hospital care required but 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 accepted medical treatments will not be withheld if the undersigned cannot be reached. 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 San Francisco*, and my local parish for any personal injury that may occur at or during the retreat. Nor shall they be liable for any personal injury to my child occurring during the transportation to and from the retreat. I hereby understand that any medical expenses that my child may incur due to personal injury or illness is my financial responsibility and not that of the *Greek Orthodox Archdiocese of America*, the *Greek Orthodox Metropolis of San Francisco*, or my local parish.

SIGNATURE OF PARENT OR GUARDIAN & DATE



METROPOLIS OF SAN FRANCISCO CODE OF CONDUCT

Parish City/State: _____

GOYAN: _____

- I understand that it is a privilege to be a participant of this event and that I will represent myself in a Christ-like manner.
- I will participate in all activities during the weekend and remain with my group and be on time.
- I will respect all property including housing, athletics, outdoor, and indoor facilities.
- I will be held personally responsible for my actions.
- I will refrain from using alcohol and illegal drugs during the event.
- I understand that if my behavior is not becoming of an Orthodox Christian, I will be asked to leave the event at my expense.
- I will respect others, all adults, Priests, advisors and myself.
- I have read the accompanying rules and will follow them.
- I understand that failure to comply with the code of conduct and all rules will result in departure from this event.

I agree to this code of conduct and hereby certify that the above-mentioned information is true and correct.

Signature of Participant

Date

Signature of PARENT

Date