

**HOPE (Ages 4-6) and JOY (Ages 7-11)
Registration Form**

Mother's Name: _____

(W): _____ (M): _____

E-mail Address: _____

Father's Name: _____

(W): _____ (M): _____

E-mail Address: _____

Children's Home Address: _____

Children's Home Telephone: _____

(Please check box below if your child is at least 7 years old and is interested in Greek dance)

First Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Grade in School: _____

Food Allergies: _____

Other Allergies: _____

Second Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Grade in School: _____

Food Allergies: _____

Other Allergies: _____

Third Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Grade in School: _____

Food Allergies: _____

Other Allergies: _____

Fourth Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Grade in School: _____

Food Allergies: _____

Other Allergies: _____

If parent can not be reached in case of an emergency, contact:

Name: _____ Phone: _____

Family Doctor/Pediatrician: _____ Phone: _____

Waiver of Liability

I give my children (listed on the reverse side) permission to participate in the St. George JOY and HOPE ministries. I waive the right to any legal action against the directors, or Saint George Greek Orthodox Church for any injury sustained as a result of my children's participation in these programs. I understand that I am enrolling my children in a program that may involve physical activity (including but not limited to dancing, jumping on a moonbounce and playing basketball) and have agreed that my children are in good physical condition and do not suffer from any disability that would prevent or limit their participation in these programs.

Medical Release

I give permission for any and all medical attention to be administered to my children (listed on the reverse side) in the event of accident, injury, sickness, etc., under the direction of the physician listed above or at any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

Photo Release

I give full rights to the HOPE and JOY ministries and its directors to use photos and video images of me or my children to use for promotional purposes of the HOPE and JOY ministries. Photos and video may be displayed in the church building or used in brochures, websites, advertisements, and other promotional material created by the HOPE and JOY ministries.

I HAVE READ, AND I UNDERSTAND AND AGREE TO THE ABOVE STATED WAIVER OF LIABILITY, MEDICAL AND PHOTO RELEASES. I UNDERSTAND THAT THERE MUST BE A DESIGNATED RESPONSIBLE ADULT WITH EACH CHILD AT ALL HOPE AND JOY MEETINGS AND ACTIVITIES.

Parent's Signature: _____

Parent's Printed Name: _____

Date: _____

**There is a \$40 registration fee for 1 child – add \$20 for each additional child.
Please make checks payable to St. George Greek Orthodox Church.**