



**ORTHODOX CATHEDRAL OF CHRIST THE SAVIOUR
DIOCESE OF THE SOUTH**

Registration form for the Youth Activities

Cost: \$75.00 per child

We will provide permission forms, medical release, etc. at the Assembly. If a different arrangement needs to be made, please call 305-822-0437. Please ask for Fr. Philip Reese. Please mail this form with a check made out to:

**Orthodox Cathedral of Christ the Saviour
16601 N.W 77th Court
Miami Lakes, Fl. 33016**

Name(s) and Date of birth of the Individual(s):

Parent(s) or Legal Guardian's Name: _____

Mailing Address:

Street: _____ City: _____

State: _____ Zip: _____

Parent or Legal Guardian's Home Phone Number: _____

Parent or Legal Guardian's Work Phone Number: _____

**ORTHODOX CATHEDRAL OF CHRIST THE SAVIOUR
DIOCESE OF THE SOUTH**

Parent or Legal Guardian's Mobile Phone Number: _____

Parent or Legal Guardian's Signature: _____

Diocesan Assembly Statement of Conduct and Release of Liability

Parent/Guardian Release:

I am the parent or legal guardian of the youth named _____.
I hereby release the Orthodox Church in America and the Diocese of the South, their agents and employees from any liability for personal injuries known or unknown that the youth named above may incur, due to reasons related but not limited to negligence, by participating in activities conducted, sponsored, or associated with the Diocesan Assembly in Miami, Fl, July 17-19, 2007. I, undersigned, have read this release and understand all its terms. I execute it voluntarily on behalf of myself and the youth named above, and with the full knowledge of its significance to bind all persons. In witness thereof, I have signed this release on the date indicated below,

PARENT SIGNATURE/DATE

ROOM NUMBER: _____

CELL PHONE: _____

Youth Conduct Statement

I understand that I am to conduct myself in an appropriate, orderly and Christian manner. If I do not, then I realize that my parent/guardian and temporary guardian (if applicable) will be notified and that my participation in youth activities at the Assembly may be jeopardized.

YOUTH SIGNATURE/DATE _____

Emergency Contact Information:

In case of emergency, I or my spouse, may be reached at the following telephone numbers:

Cell (1): _____

Cell (2): _____

Phone: _____

Hotel: _____

**ORTHODOX CATHEDRAL OF CHRIST THE SAVIOUR
DIOCESE OF THE SOUTH**

Hotel Room Phone Number: _____

Hotel Room Number: _____

Temporary Guardian

I, (parent/guardian) will not be attending the Diocesan Assembly with the youth named above. In my absence, I do hereby authorize the person named below, who will be attending the Diocesan Assembly, as my child's temporary guardian for the duration of the Assembly.

NAME OF TEMPORARY GUARDIAN

Cell Phone: _____

Room number: _____

HEATH and MEDICAL INFORMATION (To be completed by parent)

Child's Name (Last, First, M.)	Age:	D.O.B:
Height: Inches: Feet:	Weight:	Blood Type:
Parent/Guardian:	Phone:	Phone:
Primary Emergency Contact:	Work Phone:	Pager #:
Secondary Emergency Contact:	Cell Phone:	Home Phone:

Physician or Clinic Name: _____

Phone #: _____

Address: _____, State: _____

Zip Code: _____

Insurance Company: _____

**ORTHODOX CATHEDRAL OF CHRIST THE SAVIOUR
DIOCESE OF THE SOUTH**

Policy #: _____

Group #: _____ Phone #: _____

Name of Insurance Holder: _____ S.S #: _____

Does your Child suffer from or have been treated for any of the following:

Yes NO

YES NO

		Asthma			Required psychological counseling or therapy?
		Diabetes			Hospitalized for a psychological problem?
		Heart Ailments			Surgery other than teeth tonsillectomy, hernia repair, appendectomy, or wisdom removal?
		Liver Problems			Under the care of a doctor or other practitioner for any reason other than healthy child visits?
		Stomach or Intestinal Problems			Please use the lines below to indicate any allergies and reactions to food, medication, and environment. Please print.
		Cancer			
		High Blood Pressure			
		Joint or Back Problems			
		Kidney Problems			
		Epilepsy or other neurological Problems			
		Eye Problems			
		Lung Problems			
		Thyroid Problems			
		Skin Disease			
		Hernia			
		Pilonidal Cyst			
		Alcoholism			
		Drug Abuse			
		ADD/ADHD			
		Autism			

I hereby state that, to the best of my knowledge, all the information indicated above is correct.

**ORTHODOX CATHEDRAL OF CHRIST THE SAVIOUR
DIOCESE OF THE SOUTH**

Signature of Parent/Guardian: _____

Date: _____

Medical Permission Slip for Youth Activities
(One Copy for Each Child)

I, _____ (Name of Parent), am the parent and/or legal guardian of _____ (Name of Child), a minor, and agree that the Diocese of the South is organizing a set of activities trip that will run from July 17 until July 19, 2007.

_____ (Name of Child) has my permission to attend these activities and participate in all the related activities. The Diocese of the South and any chaperones or employees, servants and agents of the Diocese of the South, are hereby given the following authority on the time period indicated above:

To consent to any medical treatment that may be required by _____ (Name of Child) in the place of and with the same authority as _____ (Name of Parent)

The Diocese of the South, and the employees, servants and agents of the Diocese of the South, are hereby released from liability for all actions taken in good faith during the trip.

Dated: _____

PARENT SIGNATURE

Parental Release Form:

As parents/guardians of _____ (Name of Child), we recognize that medical treatment in emergency rooms requires an authorization form from us if we are unable to be present with him/her for the dates of July 17, 2007 through July 19, 2007. We authorize the Diocese of the South, youth coordination/youth pastor, employees, servants and agents of the Diocese of the South, to sign for emergency treatment.

We also understand that we will be notified as soon as possible of an injury and that our desired for further treatment will be consulted if possible. We release the General Assembly of the Diocese of the South and subsequent bodies and individual leaders from liability due to injury.

**ORTHODOX CATHEDRAL OF CHRIST THE SAVIOUR
DIOCESE OF THE SOUTH**

Signed: _____ Date: _____

Medical Insurance #: _____

Insurance Policy: _____ Holder: _____