

2018-19 ST. GEORGE POPs PROGRAM REGISTRATION

PARENTS OF PRESCHOOLERS (FOR CHILDREN AGES 6 AND YOUNGER)

Child Name #1 (Also Baptismal Name)			
<i>Birthday</i>		<i>Name Day/Patron Saint</i>	
<i>Allergies/Medical Concerns</i>			
Child Name #1 (Also Baptismal Name)			
<i>Birthday</i>		<i>Name Day/Patron Saint</i>	
<i>Allergies/Medical Concerns</i>			
Child Name #1 (Also Baptismal Name)			
<i>Birthday</i>		<i>Name Day/Patron Saint</i>	
<i>Allergies/Medical Concerns</i>			
Address			
City/State/Zip			
Parents Name #1			
Email #1		Cell #1	
Parent Name #2			
Email #2		Cell #2	
Emergency Contact Name & Cell Phone			

REGISTRATION FEE: \$10.00 EACH FOR THE FIRST TWO CHILDREN, ADDITIONAL CHILDREN FREE

All children who participate in the program must be accompanied by a parent or guardian at all times. St. George's POPs program is not a childcare service, nor is St. George responsible for any injuries/illnesses sustained by any person(s).

For questions or to send in this completed form, email us at youthministry@stgeorgehollywood.org
Publication/Website Photo Permission Form (For children and youth ages 17 and under)

Please complete, sign, and return youthministry@stgeorgehollywood.org. To be completed by the child's parent or legal guardian (please check one):

_____ **I DO** grant St. George Greek Orthodox Church ("Church") the perpetual, royalty-free right to use my child/children's photo(s) in any manner, including but not limited to printed material, the Church website at www.stgeorgehollywood.org, the Church Facebook page, and other social media operated by the Church. I understand my child's photo will be available to the general public and I further understand that the Church assumes no liability or responsibility whatsoever concerning any consequences of such use. I further state that I have the right to give this permission as I am the child's/children's parent or legal guardian. I understand that if I give notice to the Parish Office in writing that I object to any particular photograph utilized by the Church, the photo will be removed as soon as possible. I understand that my child's/children's names and other personal, identifying information will not be included on any material unless prior permission is obtained from the parent or legal guardian. I understand I have the right to revoke this permission at any time so that the Church will no longer have permission to use photos of my child/children in publications thereafter.

_____ **I DO NOT** grant St. George Greek Orthodox Church permission to use my child's/ children's photo(s) in any manner. I further state that I have the right to refuse this permission, as I am the child's/ children's parent or legal guardian.

Name(s) of child/children (please print):

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____/_____/_____

Parental Consent, Liability Waiver and Insurance Information

We, the parent of the child above, _____ give our consent for their participation in any and all activities of St. George Youth Ministries, including Religious Education, JOY, GOYA (and District events), Greek School and Dance Troupe, among others for the 2017-18 year, host communities, directors, coaches, advisors, and agents without regard to any negligence on their part, against any claim for damages, compensation including all losses and expenses, caused to or by your child while participating in any activity. We consent and give authority to obtain medical care and treatment for any and all injuries sustained as a result of participation in any activities.

Parent/Guardian signature: _____ Date: _____

Medical Coverage Information

Name of Insured/Subscriber: _____

Relationship to Child: _____

Insurance Company Name: _____

Policy #: _____ Group #: _____

Insurance Company Phone Number: _____