



METROPOLIS ACOLYTE RETREAT REGISTRATION FORM

(THIS RETREAT IS FOR THOSE IN THE 5TH THROUGH 12TH GRADES)

Participant Information:

LAST NAME: _____ FIRST NAME: _____
ADDRESS: _____
CITY: _____ STATE _____ ZIP CODE _____
PHONE: _____ E-MAIL: _____
CELL PHONE: _____ SHIRT SIZE (Circle one): S M L XL
DATE OF BIRTH: ____/____/____ SCHOOL GRADE FALL 2007: _____
YEARS SERVING IN ALTAR: _____ PARISH/PRIEST: _____
PARENTS NAMES OR LEGAL GUARDIANS: _____
INSURANCE CARRIER: _____ POLICY NUMBER: _____
DIETARY RESTRICTIONS: _____

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

REGISTRATION FEE: \$75: Package Includes: 1) 2 Nights Lodging, 2) all meals from Wednesday night to Friday noon

PLEASE MAKE CHECKS PAYABLE TO "METROPOLIS YOUTH FUND"

Please send Registration and Payment to:

Attn: Fr. Anthony Savas
St. Nicholas Greek Orthodox Church
9501 Balboa Boulevard
Northridge, CA 91324

Activities Information:

Is your child limited to any activity? (if yes, please explain) _____

Health Information:

MEDICAL INSURANCE: _____ POLICY NO. _____
PRIMIARY CARE PHYSICIAN _____ PHONE: _____

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 and all conditions, illnesses, or special needs your child has.)

(PLEASE FILL OUT SECOND PAGE)

Emergency Information:

EMERGENCY CONTACT #1: _____ RELATION: _____

HOME NO: _____ WORK: _____ CELL: _____

EMERGENCY CONTACT #2 _____ RELATION: _____

HOME NO: _____ WORK: _____ CELL: _____

Pick-up/Drop-off Information:

WHO WILL BRING YOUR CHILD TO THE RETREAT? _____

WHO WILL PICK YOUR CHILD UP FROM THE RETREAT? _____

RELATION TO CHILD: _____

If you have any questions, please contact St. Nicholas Greek Orthodox Church at:

(818) 886-4040 (office)

(818) 886-3933 (fax)

(PLEASE FILL OUT THIRD PAGE)

GREEK ORTHODOX METROPOLIS OF SAN FRANCISCO
ACOLYTE RETREAT
St. Nicholas Ranch * Jan. 2-4, 2008

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, St. Nicholas Ranch and Retreat Center in Squaw Valley, California, 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, St. Nicholas Ranch and Retreat Center in Squaw Valley, California or my local parish.

SIGNATURE OF PARENT OR GUARDIAN

DATE