



**METROPOLIS OF SAN FRANCISCO**  
**SOUTHERN CALIFORNIA GOYA LENTEN RETREAT**  
**February 12-14, 2010**  
**REGISTRATION FORM**

(PLEASE TURN IN ALL REGISTRATION FORMS TO YOUR PARISH PRIEST BY OR BEFORE **FRIDAY, FEBRUARY 5<sup>TH</sup>**)

**Participant Information:**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
GENDER: \_\_\_\_\_ SHIRT SIZE (Circle one): S M L XL  
DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SCHOOL GRADE FALL 2009: \_\_\_\_\_  
PARISH: \_\_\_\_\_ PRIEST: \_\_\_\_\_  
PARENTS NAMES OR LEGAL GUARDIANS: \_\_\_\_\_  
DIETARY RESTRICTIONS: \_\_\_\_\_

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

REGISTRATION FEE: \$108: Package Includes: 1) 2 Nights Lodging, 2) all meals from Friday night to Sunday brunch and 3) participation in low ropes course, 500 ft. zip line, 45 ft. climbing wall and archery range

**PLEASE MAKE CHECKS PAYABLE TO "METROPOLIS YOUTH FUND"**

Please send Registration and Payment to:

Attn: Fr. Bob Fox  
St. Nicholas Greek Orthodox Church  
9501 Balboa Boulevard  
Northridge, CA 91325  
FAX: (818) 886-3933  
Email: frbob@st-nicholas.info

***Schedules will be sent when registration is received.***

**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: \_\_\_\_\_

(PLEASE FILL OUT SECOND PAGE)

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.)

**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**

**LENTEN RETREAT**

**Valley Trails Camp, Castaic, CA \* February 12-14, 2010**

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

I, the parent or legal guardian of \_\_\_\_\_ 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.

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**SIGNATURE OF PARENT OR GUARDIAN**

**DATE**