



## 2017-2018 Emergency Health and Consent Form

For ALL Short-Term Events of the Greek Orthodox Metropolis of Pittsburgh Y<sup>2</sup>AM (for parish use)

*This completed 2-page form stays with the Parish GOYA (Advisors or Coaches) as they travel. This is to ensure proper care may be given if needed. It must be completed once per year and must be presented at Registration for each Athletic tournament.*

### GOYAN'S EMERGENCY CONTACT INFO

Name \_\_\_\_\_ Gender \_\_\_\_\_

Last First

Address \_\_\_\_\_

Street City State Zip

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Custodial Parent(s)/Guardian(s) \_\_\_\_\_

*(Please include first and last names of both parents /guardians if applicable.)*

Home Ph (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

### IN CASE OF EMERGENCY (An additional contact.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ph (\_\_\_\_) \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Ph (\_\_\_\_) \_\_\_\_\_

### HEALTH INFORMATION

Are there any medical/dental conditions (including medically diagnosed food allergies) that we should be aware of? Yes / No

If Yes: \_\_\_\_\_

Are there any health issues that should be noted concerning participation in GOYA Athletics that we should be aware of? Yes / No

If Yes: \_\_\_\_\_

Is your child taking either prescription or over-the-counter medication on a regular basis? Yes / No Medication(s); \_\_\_\_\_

Are there any over-the-counter medications which may not be given without your consent? Yes / No If Yes: \_\_\_\_\_

Does your child have other allergies? (drug, insect, etc.) \_\_\_\_\_

### INSURANCE INFORMATION

Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_ ID # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Please attach photocopy card here.

**Front of Medical Insurance Card**

Please attach photocopy card here.

**Back of Medical Insurance Card**

**GOYA COVENANT ~ CODE OF CONDUCT** *(For GOYAns to read and sign.)*

- I am an **Orthodox Christian in Seventh – Twelfth Grade** and am “Active in the Life of the Church.” I attend church services **regularly**. I also attend **Sunday School** and am active in the GOYA ministry.
- I understand that it is a privilege to be a GOYA Participant and will represent myself in a Christ-like manner.
- I have read the Metropolis GOYA 2017 Athletic Rules & Guidelines *(Pages for GOYAns)* and will abide by them.
- I will refrain from using profane language and all illegal drugs, including alcohol and tobacco. *(See page 1 of Rules & Guidelines.)*
- I read, understand and will abide by the Metropolis Policy for Online Social Networking & Blogging. *(Posted as Addendum to Rules.)*
- I have read, understand and will abide by the Metropolis Dress Code. *(See Metropolis Rules & Guidelines.)*
- I understand that failure to comply with the Metropolis Rules & Guidelines and this Code of Conduct may result in expulsion from this and/or future events. I understand that **my actions** by failing to comply **may affect my team** or even **my entire parish** as well.
- I will be personally responsible for my actions and if my behavior is not that of an Orthodox Christian, I will be asked to leave the Tournament or event at my own expense.
- I will participate in all weekend activities, stay with my group and be on time.
- I will respect all property including housing, athletics, indoor/outdoor facilities.
- I will do everything possible to ensure that my play and that of my teammates is in a Christian manner.
- I will respect other GOYAns and Adults including Clergy, Advisors, Referees, Official Representatives and myself.
- I/We understand that Metropolis Representatives, in the presence of a priest, host tournament committee member, GOYA Advisor or chaperones, reserve the right to enter the room of any Participant where there may be concern for their safety or the safety of others. In addition, it may be necessary to search the bags, suitcases or rooms of anyone who is suspected of possessing drugs (including alcohol, tobacco products, etc) or weapons.

**GOYAn Agreement**

\_\_\_\_\_ *Signature of Player/Participant*

\_\_\_\_\_ *Date*

**PARENT/GUARDIAN ~ Authorization & Consent**

- I/We have read and agree to support the 2018 Metropolis GOYA Athletics Rules & Guidelines and the Policy for Online Social Networking and Blogging. *(See: pittsburgh.goarch.org for link.)*
- I/We as the legal guardian(s), give our consent and approval for our child to participate and travel to/from any/all Metropolis of Pittsburgh athletic tournaments and other events. We will not permit our child to drive to/from these.
- I/We consent to the use of any photo, film or videotape taken during tournament weekend for publicity deemed appropriate by the Metropolis of Pittsburgh.
- I/We understand that Metropolis Representatives, in the presence of a priest, host tournament committee member, GOYA Advisor or chaperones, reserve the right to enter the room of any Participant where there may be concern for their safety or the safety of others. In addition, it may be necessary to search the bags, suitcases or rooms of anyone who is suspected of possessing drugs (including alcohol, tobacco products, etc) or weapons. In recognition thereof, we give permission for this to occur.
- 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 Pittsburgh, its parishes and staff for any personal injury to my child occurring during any and all youth events sponsored by the Greek Orthodox Metropolis of Pittsburgh and/or its parishes, including but not limited to: overnight and day retreats, athletics, folk dancing, oratorical festivals, special events, service projects and the transportation to and from any and all said events.
- I/we the parents(s) or legal guardian(s) hereby authorize and give consent to any x-ray examination, or surgical diagnosis rendered under the general or special supervision of a licensed personnel on the staff or any licensed hospital. This authorization 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 of the above treatment will not be withheld if the undersigned cannot be reached. In recognition of the possible dangers to my child, any medical expense that my child may incur due to personal injury or illness is my financial responsibility and not that of the Metropolis of Pittsburgh or the Greek Orthodox Archdiocese of America.
- I/we understand that if we are to participate as a Chaperone or Adult Participant, we must complete Youth Safety requirements by our State, Metropolis and Archdiocese.
- In consideration of our child’s acceptance, we the undersigned do agree to indemnify and hold harmless the Metropolis of Pittsburgh, the Host Parishes, its directors, officers, and agents without regard to any negligence on their part against any claim for damages, compensation or otherwise including all losses and expenses caused to or by our child while participating in all youth events.

**Parent/Guardian Consent**

\_\_\_\_\_ *Signature of Parent or Guardian*

\_\_\_\_\_ *Date*