

VCS REGISTRATION

St. John Chrysostom Antiochian Orthodox Church
2397 N. Sherman St. York, Pa 17402

For questions and inquiries, please contact:

Rebekah Yergo
717-825-3526
orthodoxyorkedu@outlook.com

Participant Information

(additional children's information may be provided on back)

Name _____
Birthdate _____
Grade Entering _____
Phone _____
Address _____ City _____
State _____ Zip _____

Medications: _____

Allergies: _____

Primary Physician

Name _____
Phone _____

Guardian Permission/Release

I am the parent or legal guardian of the participant named above. I hereby release the Antiochian Orthodox Christian Church of America, the Diocese of Charleston, Oakland and the Mid-Atlantic, and St. John Chrysostom Antiochian Orthodox Church of York, Pa, their agents, employees and volunteers from any liability for all personal injuries known or unknown that the youth named above may incur due to reasons unrelated but not limited to negligence by participating in activities conducted, sponsored, or associated with the event stated on this form.

In the event of an emergency I, my spouse, or other designated person(s) listed below (indicate relationship to the attendee) may be reached at the following telephone numbers:

1st Contact Name: _____ (_____) phone# _____
Relationship to attendee

2nd Contact Name: _____ (_____) phone# _____
Relationship to attendee

Additionally, unless otherwise given written consent, my child shall only be released to myself or one of the persons above. In the event that I cannot be reached in the case of emergency, I do hereby authorize a physician selected by the coordinator of this event to administer emergency treatment including medications, diagnostic tests, surgery or other medical intervention deemed necessary by the physician. Please indicate any allergies or medications in the space provided above.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily on behalf of myself and the participant named above, and with full knowledge of the significance, to bind all persons. In witness whereof, I signed this release on the date indicated below.

Name (please print)

Signature

Phone _____

Date _____

