



**Assumption Greek Orthodox Church
2008 Summer Christian Olympics**

"I am an Orthodox Christian!"

August 19 - 21, 2008 ~ 9:30am - 12:00pm

Registration at 9:00am on Aug 19. Lunch at noon.

\$15 Assumption Members; \$20 for Non-Members

REGISTRATION FORM

Child's Name: _____ Parent's Name: _____

Home Address: _____

Phone Number: _____ Home Church: _____

Grade in Fall: _____ Birthdate & Age: _____

Parent's Signature & Date

E:mail

CONSENT FOR MEDICAL TREATMENT AND MEDICAL INSURANCE INFORMATION

Child's Name

Parent's Name

Allergies (drug/food), current medication, medical problems or physical limitations or restrictions we should know about:

Emergency Contact:

Name

Phone Number

In the event of a medical emergency, if I cannot be reached, I grant permission to the Staff of Assumption Greek Orthodox Summer Christian Olympics to procure appropriate medical care for:

Child's Name

Parent's Signature

Date

As the Parent or Legal Guardian, I hereby give consent to THE STAFF OF ASSUMPTION GREEK ORTHODOX CHRISTIAN OLYMPICS to provide all emergency dental or medical care prescribed by a duly licensed physician for:

Child's Name

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent child.

Parent's or Legal Guardian's Name

Parent's or Legal Guardian's Signature

MEDICAL INSURANCE INFORMATION

Ins. Company

Subscriber

Policy Number

Phone Number