

2009 Great Lent Retreat Registration Form

Prophet Elias Chapel, Hot Sulphur Springs

Friday, April 3rd – Sunday, April 5th

\$55 Registration covers transportation, pizza at Winter Park, all meals, and snow tubing

Participant's Full Name: _____

Participant's Cell Phone Number _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Male: ___ Female: ___ Date of Birth: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Parish: _____

Insurance Carrier: _____ Policy Number: _____

Is your child currently taking any prescribed medication? If so, please describe the medication, dosage and purpose: _____

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

I/We the parent(s) or legal guardian(s) hereby authorize and consent to X-ray examination, or surgical diagnosis rendered under the general or special supervision of any 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 of the above 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 Denver, the Assumption Cathedral parish of Denver, CO, and my local parish for any personal injury that may occur at or during the 2009 GOYA Great Lent Retreat. Nor shall they be liable for any personal injury to my child occurring during the transportation to and from the 2009 GOYA Great Lent 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 Denver, the Assumption Cathedral of Denver, CO, or my local parish.

SIGNATURE OF PARENT OR GUARDIAN

DATE

(please staple a photo copy of the latest health card)