



St. Nicholas Greek Orthodox Church

608 S. College Rd., Wilmington, NC 28403
910-392-4444 * www.stnicholaswilmington.org

Youth Activity Registration Form (Due 9/16/2011)

Cross Dive * Saturday, October 1, 2011 * Wrightsville Beach, NC

Full Name _____ Age _____ Birth Date _____

Parent's or Guardian's Full Name (s) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (with area code) _____

Mom Cell _____ Dad Cell _____

Emergency Contact Name _____ Phone _____

GOYA Youth Activity Fee: \$20 per GOYAn

(includes meal, Cross Dive, t-shirt, 4-on-4 basketball tournament, and access to all other sports/games)

I would like to participate in the following activities:

****Cross Dive**** Basketball Volleyball Ultimate Frisbee
 Lacrosse (please bring own equipment) Soccer Relay Races

Shirt Size

Small Medium Large XL

****Cross Dive participants must be high school students 9-12 grade****
HOPE/JOY children will have separate activities. Please call for information.

Checks to be made out to St. Nicholas Greek Orthodox Church with "Cross Dive" in the memo line.

Lunch plates will be \$10 at the event. Children 5 and younger eat for free.

For more information please contact the church office at 910-392-4444

Please RSVP total number of attendees by 9/16/11



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Permission and Medical Release Agreement

I, the undersigned parent/guardian, give permission for my son/daughter to participate in the above named St. Nicholas Greek Orthodox Church Youth Event. I am aware of and approve of the planned costs, dates, places, and activities of this event. I understand the degree of risk (if any) involved in this event, and because I trust the adult supervision and my son/daughter, I hereby release St. Nicholas Greek Orthodox Church (Wilmington, NC) and the adult leadership from liability for any injury or problem occurring during participation in this event. I understand that the adult leadership supervises this event with the authorization of St. Nicholas Greek Orthodox Church (Wilmington, NC). I also give permission to have my son/daughter examined and treated by a qualified physician in case of emergency. I understand that I will be contacted as soon as possible concerning any medical or behavioral problem with my child during this activity.

_____	_____	_____
Health Insurance Company	Policy Number	Member's Full Name
_____	_____	_____
Parent Signature		Date

Information regarding my child's health (please continue on back page if needed)

Allergies _____

Medications _____

Other _____