



ST. DEMETRIOS GREEK ORTHODOX CHURCH

ΕΛΛΗΝΙΚΗ ΟΡΘΟΔΟΞΟΣ ΕΚΚΛΗΣΙΑ ΑΓΙΟΥ ΔΗΜΗΤΡΙΟΥ

Rev. Fr. George Kouzelis, Presiding Priest
Ιερατικός Προϊστάμενος π. Γεώργιος Κουζέλης



G.O.Y.A Registration Form

Name: _____

Address: _____ City: _____ State: _____

Birth Date: _____ Present Age: _____ Grade: _____

School: _____ City: _____

Interests and/or Talents (Check as many as apply):

- | | | | | |
|--|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Choir | <input type="checkbox"/> Oratory | <input type="checkbox"/> Sculpture | <input type="checkbox"/> Basketball | <input type="checkbox"/> Theater/Play |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Photography | <input type="checkbox"/> Art | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Literature |
| <input type="checkbox"/> Running/Track | <input type="checkbox"/> Instrument Soloist | <input type="checkbox"/> Greek Dance | <input type="checkbox"/> Field Sports | |
| <input type="checkbox"/> Monologue | <input type="checkbox"/> Crafts | <input type="checkbox"/> Voice Soloist | <input type="checkbox"/> Poetry | |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Bowling | <input type="checkbox"/> Other: | | |

Emergency contacts:

Father's/Guardian's Name _____ Business Phone _____

Mother's/Guardian's Name _____ Business Phone _____

Health/Medical: Do you have any physical ailments, allergies, or restrictions? Do you take any medication or are you allergic to any medication? (Yes) (No)

If yes, please explain on opposite side (This information will be kept confidential).

Signature of Applicant _____ Date _____

I hereby give permission for my son/daughter to participate in any or all Local Jr. G.O.Y.A. Events, activities and/or Diocese of New Jersey State Youth sponsored events. I also give Permission for him/her to ride on the Bus or Van while attending these events, or in a private automobile with adult advisors/chaperons.

Signature of Parent/Guardian _____ Date _____