



SAINT NICHOLAS GREEK ORTHODOX CHURCH

3109 Scio Church Road, Ann Arbor, MI, 48103 · Tel: (734) 332-8200 · Fax: (734) 332-8201 Rev. Fr. Nicolaos H. Kotsis
Web: www.stnickaa.org · E-mail: frnickkotsis@stnickaa.org



2008 – 2009 REGISTRATION FORM and PERMISSION SLIP

The parent/legal guardian of the child/children who are registered to attend these activities in order that the appropriate care is given if and when needed must complete this health form for your child/children to participate in this activity and **MUST** inform us of any changes through out the year immediately.

My (our) son/daughter: _____ Birth Date: _____
(Please fill out a separate form for each child)

Address: _____ Gender () Male () Female
Street City State ZIP

has my permission to attend and participate in the _____
(Activity)

to be held at _____ at/in _____
(Location) (Location)

from _____ to _____
(Start Date) (End Date)

for the purpose of _____

I (we) understand that it is not the responsibility of Saint Nicholas Greek Orthodox Church of Ann Arbor to provide transportation to or from this activity and hold harmless the Saint Nicholas Greek Orthodox Church of Ann Arbor, Michigan, its Priest, Parish Council, Officers, Advisors and Chaperones for any and all harm or injury that may occur to my above named child while traveling to and from and attending and participating in the above mentioned event. I (we) release Saint Nicholas Greek Orthodox Church and its agents from any liability for any accident, injury, or loss of property of my (our) child. I further state that my (our) above named child shall follow the directions and advice of the advisors and chaperones accordingly while traveling to and from and while attending and participating in the above named event.

PLEASE NOTE: We expect our _____ members to respect one another, our host(s) and their property at this function. In addition, to behave in accordance to the rules set by the host, chaperones, advisors, and Saint Nicholas otherwise they will be required to phone parents to pick up their child and take them home.

Name of parent/legal guardian(s): _____
(Please Print)

Signature of parent/legal guardian: _____ Date: _____

Address(if different from above): _____
Street City State ZIP

Father: Daytime Phone (____) ____ - ____ Evening Phone (____) ____ - ____ Cell Phone (____) ____ - ____

Mother: Daytime Phone (____) ____ - ____ Evening Phone (____) ____ - ____ Cell Phone (____) ____ - ____

E-Mail Address (list all): _____

I (we) also give permission for my (our) son/daughter to ride in a vehicle driven by an adult chaperone (18 years of age and over) pre-approved by the Saint Nicholas Greek Orthodox Church Parish Council and Rev. Father Nicolaos H. Kotsis.

Signed (Father): _____ Signed (Mother): _____

Suggested Donation Registration is \$35 per Family

_____ Cash _____ Check (Please make your check payable to *Saint Nicholas G.O.Y.A.*)



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2008 – 2009 HEALTH and MEDICAL INFORMATION FORM

The parent/legal guardian of the child/children who are registered to attend these activities in order that the appropriate care is given if and when needed must complete this health form for your child/children to participate in this activity and MUST inform us of any changes through out the year immediately.

Childs Name: _____ Birth Date: _____

Address: _____ Gender: () Male () Female
Street City State ZIP

Name of custodial parent/legal guardian(s): _____
(Please Print)

Home Address: _____
(If different from above) Street Address City State ZIP

Father: Daytime Phone (____) ____ - ____ Evening Phone (____) ____ - ____ Cell Phone (____) ____ - ____

Mother: Daytime Phone (____) ____ - ____ Evening Phone (____) ____ - ____ Cell Phone (____) ____ - ____

If not available in an emergency, notify: Name: _____ Relationship: _____

Address: _____ Phone: (____) ____ - ____
Street City State ZIP

Insurance Information: Is the participant covered by family medical/hospital insurance? Yes () No ()

If so, indicate carrier or plan name: _____ Group # _____

Name and phone number of personal physician and practice: _____

I (we) give permission for above named minor to receive any emergency treatment (medical or surgical) and to receive basic medication or first aid from the adults on the trip. I (we) will assume responsibility for any such medical expenses incurred. The adults may administer: _____ Aspirin _____ Tylenol _____ Ibuprofen

Medication: **Please list and indicate any medications your child must take during the time of this treatment, if any.**

This minor takes no medications on a routine basis **or none that needs to be taken during the duration of the activity**

This person takes medications as follows (list names and dosages):

Medication #1: _____ Dosage _____ Specific times each day _____

Describe reaction (s) and management of the reaction and reason for taking:

Medication #2: _____ Dosage _____ Specific times each day _____

Describe reaction (s) and management of the reaction and reason for taking:

Medication Allergies

Food allergies (list all known)

#1 _____

#2 _____

My (our) child has been vaccinated for: _____ tetanus (give date of last booster) _____

List any dietary or physical restrictions, or other medical conditions (check where applicable) your child may have:

___ rheumatic fever ___ asthma ___ diabetes ___ motion sickness ___ heart problems ___ seizure disorder ___ urinary tract difficulties

___ difficulty getting along with peers or authority figures (explain): _____

___ other problems leading to unconsciousness (explain): _____

___ any recent medical care received? (explain): _____

Signed (Father): _____

Signed (Mother): _____