

Kimisis Tis Theotokou Greek Orthodox Church of Holmdel NJ
JOY - HOPE (grades 3-6)
Registration Form

There is a \$30 registration fee for the 1st child – add \$25 for each additional child.
Please make checks payable to the JOY ministry of St. Kimisis Tis Theotokou.

Mother's Name: _____
Home Phone _____
Cell Phone: _____
Email Address: _____

Father's Name: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____

Children's address: _____

First Child's Name: _____
Age: _____
Date of Birth: _____
Food Allergies: _____
Other Allergies: _____

2nd Child's Name: _____
Age: _____
Date of Birth: _____
Food Allergies: _____
Other Allergies: _____

3rd Child's Name: _____
First Child's Name: _____
Age: _____
Date of Birth: _____
Food Allergies: _____
Other Allergies: _____

4th Child's Name: _____

First Child's Name: _____

Age: _____

Date of Birth: _____

Food Allergies: _____

Other Allergies: _____

If parent cannot be reached in case of emergency, contact:

Name: _____

Phone: _____

Family Doctor: _____

Phone: _____

Waiver of Liability

I give my children (listed on reverse side) permission to participate in the Kimisis Tis Theotokou Parish ministries. I waive the right to any legal action against the directors, or the Greek Orthodox Church of Kimisis Tis Theotokou Parish of Monmouth County for any injury sustained as a result of my children's participation in these programs. I understand that I am enrolling my children in a program that may involve physical activity (including but not limited to playgrounds, jumping on a moon-bounce and playing sports) and have agreed that my children are in good physical condition and do not suffer from any disability, including but not limited to any allergy, that would prevent or limit their participation in these programs.

Medical Release

I give permission for any and all medical attention to be administered to my children (listed on reverse side) in the event of accident, injury, sickness, etc., under the direction of the physician listed above or any necessary emergency facility, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

Photo Release

I give full rights to the JOY ministries and its directors to use photos and video images of me or my children to use for promotional purposes of the JOY ministries. Photos and video may be displayed in the church building or used in brochures, websites, advertisements, and other promotional material created by the JOY ministries.

I CONSENT TO THE EXCLUSIVE JURISDICTION AND VENUE FOR ALL DISPUTES TO THE COURTS OF NEW JERSEY AND IN MONMOUTH COUNTY AND SUCH JURISDICTION AND VENUE EXTEND BEYOND MERE CONFLICTS OF LAWS PROVISIONS.

I HAVE READ, AND I UNDERSTAND AND AGREE TO THE ABOVE STATED WAIVER OF LIABILITY, MEDICAL AND PHOTO RELEASES. I UNDERSTAND THAT THERE MUST BE A DESIGNATED RESPONSIBLE ADULT WITH EACH CHILD AT ALL JOY MEETINGS AND ACTIVITIES.

Parent's Signature: _____

Parent's Printed Name: _____

Date: _____