

# 2019 GOYA Kick-Off Weekend

## Camper Registration Form

October 18-20, 2019

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Church: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Female/Male (**check one**)

Cell phone: \_\_\_\_\_ School: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_S \_\_\_\_\_M \_\_\_\_\_L \_\_\_\_\_XL \_\_\_\_\_XXL (**T-Shirts are in adult sizes**)

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

1 Parent/ Guardian cell: \_\_\_\_\_

Email: \_\_\_\_\_

2 Parent/ Guardian cell: \_\_\_\_\_

Email: \_\_\_\_\_

**I hereby give my permission for (name of camper) \_\_\_\_\_ to attend the GOYA Kick Off Weekend at Camp Manatawny 33 Camp Rd. Douglassville, PA 19518 on October 18-20, 2019**

Payment options as follows: \$140 per GOYAn - \$120 additional sibling

**Pay pal** which is connected to this online registration or please **make checks payable to "DVYC"** and send them to:

Fr. Anastasios Bourantas c/o St. George Church, 30 East Forge Road, Media, PA 19063

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

# Delaware Valley Youth Commission

## Student Activity / Medical Authorization Form

A current (10/2018-10/2019) copy of student's physical is *required* with this form.

Youth Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Church \_\_\_\_\_ GOYA leader or Priest attending \_\_\_\_\_  
Physician name/office \_\_\_\_\_  
Physician phone number \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Phone number: \_\_\_\_\_  
Insurance Card Number \_\_\_\_\_

**ALLERGIES TO MEDICATIONS :**

Medical history/issues \_\_\_\_\_

Dietary restrictions / food allergies \_\_\_\_\_

Activity restrictions (if any) \_\_\_\_\_

**MEDICATIONS YOUR CHILD WILL BE BRINGING TO THE WEEKEND EVENT:**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times: \_\_\_\_\_

Please list other medications on back of this page

**SPECIAL MEDICATION INSTRUCTIONS:**

I give permission for my child to take over-the counter-medication at age-appropriate dosages for minor discomforts: (circle)

Acetaminophen, Ibuprofen, Benadryl, Tums, Pepto-Bismol, Aspirin, topical ointments

Parents Signature: \_\_\_\_\_

**DVYC STUDENT ACTIVITY/MEDICAL AUTHORIZATION FORM**

**CONTACT INFORMATION FOR (student name)**

**A PARENT OR GUARDIAN CAN BE REACHED AT THE FOLLOWING TELEPHONE NUMBERS ON THE WEEKEND OF THE EVENT:**

Home Phone \_\_\_\_\_

Work/Cell Mother \_\_\_\_\_

Work/Cell Father \_\_\_\_\_

**ALTERNATIVE EMERGENCY CONTACT:**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Relationship to Youth \_\_\_\_\_

I give my child permission to attend the DVYC GOYA Kick Off Weekend activity and, in case of illness or emergency, I authorize the officials of the DVYC to contact directly the persons named on this form. In the event parents, physician or other persons named on this form cannot be contacted, the DVYC are authorized to take whatever action is deemed necessary for the health of my child. Please complete the following and return to your child's youth advisor and/or priest.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_