

Greek Orthodox Metropolis of Atlanta/Tampa Bay District  
GOYA Junior Olympics  
MEDICAL RELEASE

**MUST BE COMPLETED AND SUBMITTED TO ST. JOHN IN ORDER TO COMPETE**

I, the undersigned, am the parent, the parent having legal custody, or the legal guardian of \_\_\_\_\_ and have given my consent for him/her to participated in the GOYA Junior Olympics hosted by the St. John Greek Orthodox Church of Tampa, Florida.

June 11-12, 2021

In the event that he/she is injured while attending this GOYA event and requires the attention of a doctor, I /we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuse to administer without our consent, I/we hereby authorize \_\_\_\_\_ to give consent, for me/us if I/we cannot be reached by telephone at one of the number indicated below or because of an emergency there is not time or opportunity to make a telephone call. In the event it becomes necessary for any of these persons to give consent for us, I/we agree to hold such persons, the St. John Greek Orthodox Church of Tampa, the Metropolis of Atlanta and any of its representatives, staff or officers free and harmless of any claims, demands or suits for damages arising from giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. Further, the undersigns agree(s) that St. John Greek Orthodox church of Tampa shall have no liability for any claims for losses, damages, costs or expenses incurred or arising directly or indirectly from any acts or event which may occur during the above references period.

Signature of GOYAn \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Telephone numbers where either parent can be reached in case of emergency:

Home# \_\_\_\_\_ Mother's Work# \_\_\_\_\_  
Cell # \_\_\_\_\_ Father's Work# \_\_\_\_\_

Please list below the name of your Insurance Company and Policy Number AND attach a photocopy of both sides of your insurance card.

Company Name \_\_\_\_\_ Policy No. \_\_\_\_\_

If you do not have medical insurance coverage, you must make arrangements for possible medical expenses with your individual parish priest.

Medical Information:

Allergies: \_\_\_\_\_

Prescription Drugs or Medication \_\_\_\_\_

Should any activities be restricted \_\_\_\_yes \_\_\_\_no

If yes, please explain