



HOLY TRINITY GREEK ORTHODOX CHURCH
 4070 PARK AVENUE
 BRIDGEPORT, CONNECTICUT



ATHLETIC PROGRAM PARTICIPATION FORM

Dear Parents/Guardians,

Your child's participation in the Church Athletic Program requires your acknowledgment and written permission by signature of this form.

You should be aware of the potential for accidental injury during any athletic activity and provide your child health insurance at all times.

Your signature on this form grants permission to a physician or hospital staff to attend to your child in the event of an emergency requiring medical attention. Every effort will be made to contact you in order to receive your specific authorization before any treatment or hospitalization is undertaken.

I give _____ permission to
 (Print Childs Name Above)
 participate in the Holy Trinity Greek Orthodox Church Athletic Program and
 waive any and all liability against the Church in the event of an accidental injury.

 Signature of Parent/Guardian

 Date

*** **Child Info:**

 Age & Date of Birth

Official Use Only

- Midget (Farm) _____
- Midget _____
- Junior _____
- Intermediate _____
- Volleyball-Farm _____
- Volleyball-JV _____
- Volleyball-Varsity _____

*** **Please Print:**

 Parent/Guardian Name

 Home Phone Number

 Email

 Cell Phone Number

*** **Registration:**

Registration for both basketball and volleyball programs will be held on: 9/11/2011 9/18/2011 9/25/2011

Please note, that children must be attending Sunday School in order to participate in the Atheltic Programs

*** **Fee Structure:**

	Registration Fee
Per Child	\$75.00