



## GOYA Basketball League Registration Form

Student Athlete (Full Name): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Student Attends: \_\_\_\_\_

Church Student Attends: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Relation: \_\_\_\_\_

### Game Uniforms (*Specify Youth S-M-L*) or (*Adult S-M-L-XL-XXL*)

Uniform Jersey size: \_\_\_\_\_ Uniform Shorts size: \_\_\_\_\_

Relevant Medical Issues: \_\_\_\_\_

Is your child currently taking any prescribed medications? If so, please describe the medication, dosage, and purpose: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Participation Fees & Donations:** Please make checks payable to **GOYA Basketball** and remit them to the Church office (Holy Trinity) or Denise Nikols. Participation fees cover all expenses, including gym rentals (practice and game days), coaches' shirts, referees, referee arbiter, game day staff, website, trophies, awards, etc. We have tried to keep the fees as low as possible, while still enabling us to provide for and maintain a quality experience for all participants.

**Steward Fee: Participation Fee \$90, Uniform Deposit \$100 – Total \$190**

**Note:** Uniforms must be cleaned and in good condition to receive a deposit refund.



Form of Payment: \_\_\_\_\_ Payment Received by: \_\_\_\_\_

Check Number: \_\_\_\_\_

#### AUTHORIZATION FOR CONSENT FOR TREATMENT OF A MINOR AND LIABILITY WAIVER FORM

I/We the parent(s) or legal guardian(s) hereby authorize and consent to X-ray examination or surgical diagnosis rendered under the general or special supervision of any licensed personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis; treatment of hospital care required but is given to provide authority and power to render care, which is deemed advisable in the best judgement of the physician. It is understood that an effort will be made to contact the undersigned prior to rendering treatment, but that any of the above treatment will not be withheld if the undersigned cannot be reached. In recognition of the possible danger to my child, I hereby knowingly and voluntarily waive any right or cause of action of any kind against the members, directors, agents, employees of the Greek Orthodox Archdiocese of America, the Greek Orthodox Metropolis of Denver, Colorado, and my local parish for any personal injury that may occur at or during the Events. Nor shall they be liable for any personal injury to my child occurring during the transportation to and from the event.

I hereby understand that any medical expenses that my child may incur due to personal injury or illness are my financial responsibility and not that of the Greek Orthodox Archdiocese of America, the Greek Orthodox Metropolis of Denver, Colorado, or my local parish.

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**SIGNATURE OF Parent/Guardian**

**Date**

**Players making their high school teams are ineligible to play in the GOYA/CYO basketball league as er the UHSAA**