

13th All-American Council Registration

Youth Observer

NAME		GENDER (M OR F)	
ADDRESS			
CITY, STATE/PROVINCE, ZIP/POSTAL CODE			
PHONE		E-MAIL	
DATE OF BIRTH (MM/DD/YYYY)		T-SHIRT SIZE (S, M, L, XL, XXL)	



Youth Observer Statement

I understand that I am to conduct myself in an appropriate, orderly and christian manner. If I do not, then I realize that my parent/guardian and temporary guardian (if applicable) will be notified and that my participation in youth activities at the Council may be jeopardized.

YOUTH SIGNATURE	DATE
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Parent/Guardian Release

I am the parent or legal guardian of the youth named on this form. I hereby release the Orthodox Church in America and the Thirteenth All-American Council, their agents and employees from any liability for personal injuries known or unknown that the youth named above may incur, due to reasons related but not limited to negligence, by participating in activities conducted, sponsored, or associated with the All-American Council in Orlando, Florida, July 21-26, 2002.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily on behalf of myself and the youth named above, and with the full knowledge of its significance to bind all persons. In witness thereof, I have signed this release on the date indicated below.

PARENT SIGNATURE	DATE
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Parish Affiliation

PARISH
PARISH CITY, STATE/PROVINCE, ZIP/POSTAL CODE

For Office Use

HOTEL ROOM NUMBER
PARENT/TEMPORARY GUARDIAN ROOM NUMBER (IF DIFFERENT)

Emergency Contact Information

In case of emergency, I or my spouse, may be reached at the following telephone numbers.

HOME	WORK
CELL/MOBILE	

Temporary Guardian

I, (parent/guardian) will not be attending the Thirteenth All-American Council with the youth named above. In my absence, I do hereby authorize the person named below, who will be attending the Thirteenth All-American Council, as my child's temporary guardian for the duration of the Council.

NAME OF TEMPORARY GUARDIAN	
SIGNATURE OF TEMPORARY GUARDIAN	DATE

Parish Certification

The youth named above is confirmed for participation at the Thirteenth All-American Council.

SIGNATURE OF RECTOR	DATE
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AMOUNT	RECEIPT	DATE
AUTHORIZED SIGNATURE		

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Youth Observer

Primary Physician

NAME
ADDRESS
CITY, STATE/PROVINCE, ZIP/POSTAL CODE
PHONE

Health Insurance Information

NAME
POLICY NUMBER
PHONE
NAME & SOC. SEC. # OF INSURANCE HOLDER (PARENT/GUARDIAN)

Allergies

Please use the space below to indicate any and all allergies (food, medication, environment). Please print.

Medications

Please use the space below to indicate any and all prescribed medications/pharmaceuticals the youth named above is currently taking.

Medical Conditions

Please use the space below to indicate any and all medical and/or developmental conditions. Use additional sheets if necessary.

Medication Administration

(please check one)

- My child is able to self-administer all medications prescribed to him.
- I, or (in my absence) my child's temporary guardian, will administer all medications prescribed to him.

Emergency Medical Treatment and Statement of Agreement

In the event that I cannot be reached in the case of emergency, I do hereby authorize a physician and/or medical facility selected by a duly authorized coordinator of these activities to administer emergency treatment to the youth named above, including medications, diagnostic tests, surgery, or other medical intervention deemed necessary by the physician.

I do attest that I am in agreement with all the information on these pages, and that I give permission for the youth named above to fully participate in the youth activities of the Thirteenth All-American Council, and in witness thereof I have signed these pages on the date indicated below.

PARENT SIGNATURE	DATE
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Both pages of this document must be completed and forwarded with all applicable activity fees by **June 1, 2002** to
PRECONCILIAR COMMISSION -YOUTH
ORTHODOX CHURCH IN AMERICA
PO Box 675, Syosset, NY 11791, FAX 516.922.0954
Registrations received after June 1, 2002 will be subject to a \$50 late fee.