

ST. THOMAS GREEK ORTHODOX YOUTH OF AMERICA (G.O.Y.A.)
MEMBERSHIP APPLICATION

Name: _____ Goyan's Cell No. (_____) _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Tel No.: (_____) _____

Parent's Cell No.: (_____) _____ Goyan Adult T-Shirt Size: S M L XL 2XL

Goyan's E-Mail Address: _____

Parent's E-Mail Address: _____

Birthday: _____ Present Age: _____ Present Grade: _____

School Attended (name/city/state): _____

Please list any sports, hobbies or interest: _____

PARENT PERMISSION FORM AND RELEASE

_____ has my permission to participate in all activities and travel, including basketball, of the Greek Orthodox Youth of America (G.O.Y.A.) sponsored by the St. Thomas Church. I understand that every reasonable effort will be made to plan for safety in G.O.Y.A. activities. I further understand and agree that neither G.O.Y.A., St. Thomas Church, nor its representatives and/or chaperones shall be held responsible for any damages, costs or expenses resulting from personal injuries at any time in connection with G.O.Y.A. activities.

Parent's Signature: _____

\$10.00 Membership Fee **MUST** accompany this application.

Check Here: _____
Sign me up for basketball. I have enclosed an **additional \$20.00** basketball fee.

Signature of Goyan: _____ Date: _____

Amount Paid: _____ Cash _____ or Check No.: _____ **(OVER)**