

# Orthodox Youth Association (OYA) Activities

Holy Trinity Orthodox Church, State College, PA

January 1, 2012 – December 31, 2012

**These monthly activities are to be conducted in and around the State College, PA area and may include travel to/from the activity location.**

*For questions and inquires, please contact:*

Fr. Basil Biberdorf or Dn. Alexander Cadman

814-231-2855

## **Participant Information** *(additional children info may be provided on back)*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Parish: \_\_\_\_\_ Diocese \_\_\_\_\_

## **Primary Physician**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

## **Guardian Permission/Release**

I am the parent or legal guardian of the participant named above. I hereby release the Orthodox Church in America, the Diocese of Western Pennsylvania, and the Holy Trinity Orthodox Church of State College, PA their agents and employees from any liability for all personal injuries known or unknown that the youth named above may incur due to reasons unrelated but not limited to negligence by participating in activities conducted, sponsored, or associated with the event stated above.

In the event of an emergency I, my spouse, or other designated person(s) listed below (indicate relationship to the attendee) may be reached at the following telephone numbers:

1<sup>st</sup> # \_\_\_\_\_ 2<sup>nd</sup> #: \_\_\_\_\_  
3<sup>rd</sup> # \_\_\_\_\_ 4<sup>th</sup> #: \_\_\_\_\_

Additionally, unless otherwise given written consent my child shall, my child shall only be released to one of the persons above.

In the event that I cannot be reached in the case of emergency, I do hereby authorize a physician selected by the coordinator of this event to administer emergency treatment including medications, diagnostic tests, surgery or other medical intervention deemed necessary by the physician. Please indicate any allergies or medications on the back of this form.

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

Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_