# **Greek Orthodox Youth Association**

Greek Orthodox Church of the Assumption, Port Jefferson, NY

## **MEMBERSHIP APPLICATION**

MEMBERSHIP DUES ARE **\$50 PER CHILD**, PER YEAR AND MUST ACCOMPANY THIS APPLICATION. Make checks payable to: **PORT JEFF GOYA** or by VENMO: **@PortJeff-GOYA**. \*Also please submit copy of baptismal certificate\*

#### PLEASE PRINT AND FILL OUT ALL INFORMATION

NAME			
LAST		FIRST	
STREET			
CITY	STATE	ZIP	
PHONE # (HOME)	(CELL)		
GOYAN'S EMAIL ADDRESS:			
BIRTH DATE / /	PRESENT AGE	_ PRESENT GRADE	
SCHOOL ATTENDING (NAME/CITY)	)		
FATHER/GUARDIAN'S NAME	WORK#		
FATHER'S EMAIL:	CELL PHO	ONE ()	
MOTHER/GUARDIAN'S NAME	WORK	#()	
MOTHER'S EMAIL:	CELL P	HONE ()	
I, co copyright my image, picture, portrait or like	onsent and allow the GOCA GO'		
Association (GOYA) functions. I understand was taken without alterations, modifications video, and/or for use in publications, The Opage, for advertising and similar such promotes.	If the use of my image or voice of, derivations. I understand the orthodox Observer, the Hellenic	will be used in the cont at my image MAY be us Times, the GOCA GOYA	ext in which it ed for a GOYA a facebook
consideration for this release. YOUTH SIGNATURE	-		
PARENT/GUARDIAN SIGNATURE		DATE	

#### **GOYA RULES AND REGULATIONS**

The purpose of G.O.Y.A. is to direct me to become a worthy servant of my Lord Jesus Christ within the Orthodox Christian Faith. My fellowship with my peers in religious, educational, philanthropic, social, athletic and cultural activities should always reflect my Christian Faith.

I hereby agree to abide by and observe all the Rules and Regulations that have been set down and in particular:

- 1 To obey the "GOCA GOYA Rules and Regulations".
- 2 To attend Church Services, Sunday School, and Retreats faithfully.
- 3 To obey and respect the Youth Advisors, Coaches, Adult Leaders and Chaperones while attending GOYAN functions.
- 4 Unless specific transportation is provided to and from a GOYA event, each parent is responsible to arrange for their child/children's transportation.
- 5 Do not leave the grounds at any GOYA functions without receiving the Advisor's permission.
- 6 To attend Meetings, Practices, and GOYA events, faithfully.
- 7 Do not use the following: Abusive language, cheating, stealing, lying, alcohol, cigarettes, and drugs or to become involved in physical violence and damages. To respect each GOYA member.
- 8 To attend Church Services on GOYA Sundays and Sundays preceding any scheduled GOYA volleyball games/events.
- 9 I will adhere to ALL deadlines, for each GOYA Event.If I miss any deadlines, I understand that no special considerations or privileges can be made.
- 10- PARENTS MUST BE ON TIME TO PICK UP GOYANS AFTER PRACTICES, GOYA EVENTS AND WHEN BUS RETURNS TO CHURCH AFTER AN EVENT.

If any of the above rules and regulations are broken, the privilege of attending and participating in youth functions will be SUSPENDED OR DENIED. The Parish Priest and Youth Advisors will review all infractions with input from the Executive Youth Board.

Parent's/Guardian's Signature	Da	te
GOYAN Signature	Da	te

# **GOYA HEALTH PERMISSION FORM**

GOYAN'S NAME			
DATE OF BIRTH	F	PHONE #	
ADDRESS			
MOTHER'S NAME	EMPLOYMENT		_ cell #
FATHER'S NAME	EMPLOYMENT		cell #
FAMILY DOCTOR'S NAME		TEL# _	
HOSPITAL OF CHOICE			
DENTIST'S NAME		TEL# _	
MEDICAL PROBLEMS			
MEDICATIONS ON A REGULA	R BASIS		
KNOWN ALLERGIES			
REACTION			
TREATMENT			
Names and telephone numbers the parent or guardian cannot b			
Name	Tele	phone	
Name	Та	enhone	

# **EMERGENCY MEDICAL TREATMENT**

To the Advisors and Reverend:

If I am unable to be reached and my child needs EMERGENCY MEDICAL TREATMENT during any time he/she is a member of the GOCA G.O.Y.A., you have my permission, and I hereby designate you my agent, to act in my son's/daughter's best interest in obtaining necessary transportation and medical care until I can be contacted. I hereby release you from any claim arising out of the doctor's actions, and I assume and agree to pay for any professional medical services incurred.

until I can be co	ontacted. I hereby release you from any claim arising out of the doctor's actions, and I ree to pay for any professional medical services incurred.
Date	Parent/Guardian Signature
	sion for emergency medical treatment will be effective throughout the enrollment. If there is any change of information, please telephone the Reverend or Advisors.
YOUR INSURAN	ICE COMPANY
GROUP IDENTIF	ICATION #:
MEMBER# _	
TELEPHONE #	

# GOYA GOYA ZERO TOLERANCE FOR DRUGS AND ALCOHOL

The GOCA GOYA hereby adopts a "Zero Tolerance" policy for drug and alcohol use for the members of the organization during any meeting, sporting event, Greek Festival, Church dances, or any other event scheduled or sponsored by the GOCA GOYA.

This policy will apply to any member who is observed using non-prescription drugs or alcohol or any members displaying the aftereffects of alcohol or drug use. This will include any member who is considered "under the influence" of alcohol or drugs or impaired in any way by the consumption of drugs or alcohol as determined by any <a href="two-GOYA">two-GOYA</a> Advisors or one Advisor and a Clergy Member. This policy will also apply to any individual or individuals who are in possession of any alcohol or drugs or facilitated their distribution in any way to GOYA members or nonmembers at any of the above-described GOYA sponsored events even if said individuals did not consume any of what was distributed.

In the event a member is being treated by a physician and needs prescription medications written for their individual consumption which may impair them in any way then it will be the responsibility of the member's parent to notify the Goya Advisor, in advance of any event, that such medications are necessary and what the potential implications may be. Failure to notify a Goya Advisor in advance of any event will subject the member to the same discipline listed below without exception.

In the event a member is considered under the influence of drugs or alcohol or is observed consuming or at any point immediately before or during a sponsored event is in possession of drugs or alcohol then the following mandatory disciplinary procedures will apply:

- -The member will be immediately removed from the event; parents will be notified and requested to the location to take their child home.
- -The member will be suspended from all GOYA activities for the remainder of the ecclesiastical year.
- -In the event the severity of the drug and or alcohol use or distribution is so pervasive that Priest and the GOYA Advisory Board, in the majority, determines permanent expulsion from the organization is necessary, then it may act to do so at any regular or Special meeting called by the Priest.

The GOYA Advisory Board embraces the assistance of every parent and GOYA member to ensure that all sponsored events are free from drugs and alcohol. It is the Priest's and the Board's intention to keep all the kids safe and in a healthy spiritual environment.

The below pledge which must be signed by the Goya member and their parent. This will serve as an affirmation of the above principles and policy and ensure that all members and parents agree and will work toward a true policy of Zero Tolerance.

We the undersigned do hereby pledge to abide by the above policy and all rules of the GOCA GOYA and we
understand that any infractions or violations of the above policy will result in the mandatory discipline outlined
above without exception.

GOYA Member Name (Print)	GOYA Member (Signature)	Date

### PARENTAL RELEASE FORM

Name of GOYA	λN		
	First Name,	Last Name,	Middle Initial
I/We,			, as parent/legal guardian(s) of
		, give permission	for my/our child to participate in any/all
activities of th	e GOCA GOYA for s		registered member of the GOCA in Port
Jefferson GOY	A and all activities	related to the GOYA unless	otherwise indicated on this form, or on
			limited to soccer, softball, basketball,
-		swimming, dancing and fie	
•	-	•	OCA GOYA, the Direct Archdiocese District
		•	t Jefferson, their leaders, employees, and
	•		gage or any other personal belongings.
•	•	-	oughout the event of the activities and the
•		•	eos will be taken for the sole purpose of
•		·	the use of any video images,
			reproduction that may be taken of
• •	_		used, distributed, or shown as GOCA in
of America see	•	or the Direct Archdiocese L	District of the Greek Orthodox Archdiocese
		able safety prosautions will	be always taken by the GOCA GOYA and
			iocese of America and their agents during
			oility of unforeseen hazards and know the
		•	vater activities, etc. I/We agree not to
•	•		District of the Greek Orthodox
			teer staff liable for damages, losses,
	•	the subject of this form.	,
•	•	_	es, the Direct Archdiocese District of the
			lefferson and the GOCA GOYA does not
hold itself resp	oonsible in any way	/ for any injury that might a	arise from participation in any such events
Participation is	strictly voluntary	and carries with it the comr	monly held understanding that some
degree of risk	is associated with	any and all activities includ	ing but not limited to sporting activities,
dances and th	e like.		
Parent's or Gua	rdian's Signature		Date
	430 Sheep Pasture R	oad, Port Jefferson, NY 11777 Tel: (63	31) 473-0894 Fax: (631) 928-5131

430 Sheep Pasture Road, Port Jefferson, NY 11777 Tel: (631) 473-0894 Fax: (631) 928-5131 Web: www.kimisis.org E-mail: goc.assumption@gmail.com



### **GOYA CODE OF CONDUCT**

Name of GOYAN		
First Name	Last Name	Date
Name of Parent(s) or Gaurdian(s)		
By reading and signing this covenant, I (the GOYA Code of conduct. I agree to compute participating in a GOYA event:  • I will come with an open heart and the second will treat the Clergy, the GOYA and while at a GOYA event.  • I will fully participate in all camp and the second will follow all rules, regulations, and Advisors.  • I will not bring tobacco, alcohol, drapornographic material to any GOYA event.	the GOYAN) and my parent(s)/legal guardially with all the rules and meet all of the experiment, ready to have fun, learn, and grow indivisors, any chaperones, event staff, and all ectivities.  Individual instructions that will be given by the Gougs (other than those prescribed by a doctonts, and I will not use them while at a GOY me at my parent's/guardian's expense if I for the solution of the context of th	opectations stated below while a my Faith. I the other GOYANS with respect OYA Event hosts and any GOYA or), weapons, fireworks, or A event. I understand that my parents
•I will wear appropriate clothing whi related, or irreligious language or images drugs, weapons, or violence. I will wear of skirts/dresses, overly tight or revealing clothe discretion of the GOYA Event hosts a inappropriate, I will be asked to change of •I will use appropriate language and I will not harass any advisors or fellow G •I will always CONDUCT myself as	ile at a GOYA event. None of my clothing. None of my clothing will advertise or proclothing that covers my stomach and under othing will not be allowed. I understand that it is the GOYA advisors. I understand that it releave the event. will not curse, use obscene hand gestures, OYANS in any way.	will exhibit vulgar, suggestive, gang mote the use of alcohol, tobacco, wear while at a GOYA Event. Short at the dress code will be enforced at f my clothing is found to be or participate in vulgar conversations.
•I understand that for my and others' present if my items are searched, and I w	safety, event staff/advisors may search my search my search results, and the GOYA advisors reserve the results of search as a search reserve the results of search and search reserve the results of search and search reserve the results of search and search reserve the results of search results of sea	ny belongings.
Parent's or Guardian's Signature	Date	
Participant's Signature	Date	<u> </u>