GREEK ORTHODOX CHURCH OF THE ASSUMPTION

GOYA REGISTRATION FORM

2026–2027 MINISTRY YEAR

430 Sheep Pasture Road, Port Jefferson, NY 11776 • 631-473-0894

Required for every new and returning GOYAn • Registration fee: $50 per GOYAn

☐ New GOYAn ☐ Returning GOYAn

1. GOYAn INFORMATION

Full legal name: _____

Preferred name: _____

Home address: _____

City: _____ **ZIP:** _____

Date of birth: _____ **Age:** _____

Grade: _____ **Graduation year:** _____

School: _____

GOYAn cell: _____ **GOYAn email:** _____

☐ Youth L ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL ☐ Adult XXL

2. CHURCH INFORMATION

☐ Baptized Orthodox Christian ☐ In the process ☐ Not yet ☐ Unsure

Date of Baptism: _____ **Home parish:** _____

Church of Baptism: _____

☐ Family registered at Assumption ☐ Not registered ☐ Unsure

3. PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Full name: _____ **Relationship:** _____

Cell phone: _____ **Email:** _____

☐ Address is the same as the GOYAn's

Different address, if applicable: _____

Parent/Guardian 2

Full name: _____ **Relationship:** _____

Cell phone: _____ **Email:** _____

☐ Address is the same as the GOYAn's

Different address, if applicable: _____

Primary email for GOYA announcements: _____

Primary cell number for urgent messages: _____

4. EMERGENCY CONTACTS & AUTHORIZED PICKUP

List at least one emergency contact who is not a parent/guardian.

Emergency Contact 1

Name: _____ **Relationship:** _____

Primary phone: _____ **Alternate phone:** _____

Emergency Contact 2

Name: _____ **Relationship:** _____

Primary phone: _____ **Alternate phone:** _____

Adults authorized to pick up the GOYAn:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

☐ May leave independently after an event ☐ Must be released to an authorized adult

☐ May leave with another GOYA family only after the parent/guardian approves the arrangement

Custody or pickup restrictions:

☐ None ☐ Please contact me privately ☐ Documentation provided to church office

5. MEDICAL INFORMATION

Please provide complete, current information. Attach an emergency action plan if needed.

Physician: _____ **Phone:** _____

Preferred hospital: _____

Insurance company: _____ **Policy/member ID:** _____

Policyholder: _____ **Group number:** _____

Check all that apply:

☐ No known medical concerns ☐ Food allergy ☐ Medication allergy

☐ Asthma ☐ Diabetes ☐ Seizure disorder ☐ Heart condition

☐ Physical limitation ☐ Dietary restriction ☐ Developmental/learning need

☐ Emotional/behavioral concern ☐ Other

Allergies, diagnoses, restrictions, or accommodations: _____

_____

_____

☐ No emergency medication ☐ EpiPen ☐ Inhaler ☐ Insulin ☐ Seizure medication ☐ Other

Medication name, location, and instructions: _____

_____

Other information that will help us safely support your child: _____

_____

Parent/guardian initials: _____ **Date:** _____

6. EMERGENCY MEDICAL AUTHORIZATION

In an illness, injury, or emergency, GOYA leadership will make reasonable efforts to contact a parent/guardian or emergency contact. If I cannot be reached, I authorize GOYA advisors, designated parish representatives, emergency medical personnel, physicians, and hospitals to obtain or provide medical evaluation and treatment reasonably considered necessary for my child. I understand that I am responsible for related expenses, subject to applicable insurance coverage. I will provide current emergency medications, action plans, and special instructions when needed.

Parent/guardian initials: _____ **Date:** _____

7. PARTICIPATION & TRANSPORTATION PERMISSIONS

Participation permission

I give permission for my child to participate in regular GOYA meetings, worship, religious education, retreats, service projects, fellowship activities, fundraisers, parish events, athletic practices, tournaments, and other parish-approved activities during the 2026–2027 ministry year. I understand that certain trips, overnight events, or activities involving additional risk may require a separate permission form.

☐ Permission granted ☐ Please contact me about limitations

Transportation permission

☐ I permit transportation by a GOYA advisor, coach, chaperone, parish representative, hired provider, or other authorized adult when arrangements are communicated to me.

☐ I permit transportation only after I approve the specific arrangement.

☐ I do not permit transportation by anyone other than a parent/guardian or adult specifically designated by me.

Transportation restrictions: _____

Parent/guardian initials: _____ **Date:** _____

8. PHOTO, VIDEO & MEDIA PERMISSION

Select one option.

☐ YES — Identifiable photos, video, or audio may be used in GOYA/parish emails, newsletters, printed publications, websites, social media, promotional materials, displays, and advertising.

☐ LIMITED — Images may be used in private GOYA/parish communications, but not on public websites, social media, or advertising.

☐ NO — I do not permit identifiable images or recordings of my child to be published or shared.

Parent/guardian initials: _____ **Date:** _____

9. COMMUNICATION PERMISSION & DIGITAL CONDUCT

☐ GOYA leaders may contact GOYAn directly ☐ Parent/guardian only

☐ Text ☐ Email ☐ BAND/TeamSnap ☐ Other approved platform

GOYAns agree to communicate respectfully; use group communications only for appropriate ministry purposes; refrain from bullying, harassment, threats, offensive material, or inappropriate language; and not photograph, record, or post another person without permission. Concerns should be reported to a parent, advisor, priest, or another trusted adult.

GOYAn initials: _____ **Parent/guardian initials:** _____

10. GOYA CODE OF CONDUCT

1. Participate respectfully in prayer, worship, meetings, discussions, service, athletics, and fellowship.
2. Follow the reasonable directions of clergy, advisors, coaches, chaperones, and designated adult leaders.
3. Treat others with dignity. Bullying, harassment, hazing, intimidation, threats, fighting, discrimination, humiliation, or deliberately excluding others is prohibited.
4. Use respectful language and refrain from profanity, offensive jokes, inappropriate gestures, or sexually inappropriate comments or conduct.

5. Remain with the group and in approved areas. Do not leave an activity without permission from an adult leader and parent/guardian.
6. Respect church, school, hotel, athletic, transportation, and event property. Families may be responsible for deliberate damage.
7. Follow all safety instructions and immediately report injuries, unsafe conditions, threats, or serious concerns.
8. Dress appropriately for church services, athletic events, retreats, travel, and other GOYA activities.
9. Demonstrate good sportsmanship toward teammates, opponents, coaches, officials, volunteers, and spectators.
10. Use phones and electronic devices appropriately. Leaders may limit device use during prayer, meetings, activities, travel, or overnight events.

GOYAn initials: _____ **Parent/guardian initials:** _____

11. ZERO-TOLERANCE POLICY

The possession, use, sharing, distribution, or being under the influence of alcohol, marijuana, illegal drugs, tobacco, vaping products, or unauthorized controlled substances is prohibited at all GOYA activities. Weapons and objects intended or used to threaten or harm another person are prohibited. Prescription and emergency medications must be used only as medically directed.

When prohibited or unsafe conduct is suspected or observed, GOYA leadership may remove the GOYAn from the activity, contact a parent/guardian for immediate pickup, notify the priest and parish leadership, contact emergency services or law enforcement when necessary for safety, suspend participation pending review, and require a meeting before return.

GOYAn initials: _____ **Parent/guardian initials:** _____

12. DISCIPLINE POLICY

Discipline is intended to protect participants, correct inappropriate behavior, and preserve a respectful Christian environment. Depending on the nature, frequency, and seriousness of the conduct, consequences may include redirection, temporary removal, parent notification, a meeting, a behavior agreement, suspension from an activity or team, or removal from GOYA. Serious conduct may result in immediate removal without prior warning. If pickup is requested, the parent/guardian is responsible for prompt transportation.

GOYAn initials: _____ **Parent/guardian initials:** _____

13. ATHLETIC PARTICIPATION & SPORTSMANSHIP

☐ Plans to participate ☐ Does not plan to participate ☐ Unsure

☐ Volleyball ☐ Basketball ☐ Track & field ☐ Soccer ☐ Other

Athletic participation may involve physical exertion, contact, falls, travel, and risk of injury. Families must disclose relevant limitations and provide medical clearance when requested. GOYAns and spectators must follow league, facility, coach, and official instructions and demonstrate respectful sportsmanship. Playing time may depend on attendance, effort, conduct, safety, team needs, and league rules. Concerns should be discussed privately and respectfully at an appropriate time.

GOYAn initials: _____ **Parent/guardian initials:** _____

14. PARENT/GUARDIAN AGREEMENT

☐ Provide complete information and promptly report changes to contact, medical, custody, or emergency information.

☐ Review GOYA expectations with my child and support respectful behavior and sportsmanship.

☐ Arrange timely drop-off and pickup and notify leaders of expected absences.

☐ Communicate concerns privately and respectfully and complete additional forms when required.

☐ Provide necessary medications, action plans, medical instructions, and accommodations.

☐ Pick up my child promptly if requested because of illness, injury, unsafe behavior, or discipline.

☐ Respect the privacy of other GOYAns and families.

Parent/guardian initials: _____ **Date:** _____

15. PARENT/GUARDIAN VOLUNTEER INTEREST

☐ Transportation ☐ Chaperoning ☐ Meeting supervision ☐ Coaching

☐ Concessions ☐ Cooking ☐ Fundraising ☐ Festival activities

☐ Retreats ☐ Service projects ☐ Setup/cleanup ☐ Communications

Volunteer name: _____ **Best phone/email:** _____

Volunteer participation may be subject to parish, Archdiocese, insurance, screening, training, or youth-safety requirements.

16. FINAL AGREEMENT & SIGNATURES

GOYAn Agreement

I have reviewed this registration form and agree to follow the GOYA Code of Conduct, communication rules, athletic expectations, and zero-tolerance policy. I understand that violations may result in consequences, including removal or suspension from activities. I will speak with a parent, advisor, priest, coach, or trusted adult if I have a safety concern or need assistance.

GOYAn signature: _____ **Date:** _____

Printed name: _____

Parent/Guardian Agreement

I am authorized to register this GOYAn. The information provided is complete and accurate to the best of my knowledge. I have reviewed and agree to the permissions and policies selected above, will promptly report changes, and understand that separate permission or medical forms may be required for certain activities.

Parent/guardian signature: _____ **Date:** _____

Printed name: _____

Second parent/guardian signature (optional): _____ **Date:** _____

17. PAYMENT & OFFICE USE

☐ Cash ☐ Check ☐ Online payment ☐ Other

Amount paid: _____ **Check/confirmation number:** _____

Date received: _____ **Received by:** _____

☐ Form complete ☐ Medical information reviewed ☐ Media selection recorded

☐ Transportation selection recorded ☐ Follow-up required

Follow-up notes: _____