

Greek Orthodox Youth Association

Greek Orthodox Church of the Assumption, Port Jefferson, NY

MEMBERSHIP APPLICATION

*****REGISTRATION DEADLINE IS SEPTEMBER 30, 2021*****

MEMBERSHIP DUES ARE \$30 PER CHILD, PER YEAR AND

MUST ACCOMPANY THIS APPLICATION,

MAKE CHECKS PAYABLE TO: PORT JEFF GOYA

(NO registration forms will be accepted without payment or payment without registration forms)

***ALL GOYA PARTICIPANTS MUST BE MEMBERS IN GOOD STANDING AT GOCA, PORT JEFF**

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 PHONE (____) _____ - _____

MOTHER/GUARDIAN'S NAME _____ WORK#(____) _____ - _____

MOTHER'S EMAIL: _____ CELL PHONE (____) _____ - _____

I, _____ consent and allow the GOCA GOYA program to use, publish and copyright my image, picture, portrait or likeness and voice recorded in any format at Greek Orthodox Youth Association (GOYA) functions. I understand the use of my image or voice will be used in the context in which it was taken without alterations, modifications, derivations. I understand that my image MAY be used for a GOYA video, and/or for use in publications, The Orthodox Observer, the Hellenic Times, the GOCA GOYA facebook page, for advertising and similar such promotions and renditions throughout the world. I have received no consideration for this release.

YOUTH SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

1. HAVE YOU SUBMITTED A COPY OF YOUR BAPTISMAL CERTIFICATE? YES NO
2. HAVE YOU SUBMITTED A COMPLETED HEALTH FORM? YES NO
3. HAVE YOU SUBMITTED ALL 8 PAGES OF REGISTRATION? YES NO

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 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 _____ Date _____
 GOYAN Signature _____ Date _____

***WE ASK THAT ANY GOYA MEMBER THAT MAY HAVE BEEN EXPOSED AND OR EXPERIENCE ANY COVID SYMPTOMS PRIOR TO OUR MEETING TIMES THAT THEY DO NOT ATTEND AND TO PLEASE LET US KNOW SO THAT WE MAKE TAKE APPROPRIATE MEASURES. THANK YOU**

GOYA HEALTH PERMISSION FORM

GOYAN'S NAME _____

DATE OF BIRTH _____ 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 REGULAR BASIS _____

KNOWN ALLERGIES _____

REACTION _____

TREATMENT _____

Names and telephone numbers of two persons to contact if your child is ill or injured. In the event that the parent or guardian cannot be contacted, these persons might have to make a medical decision.

Name _____ Telephone _____

Name _____ Telephone _____

EMERGENCY MEDICAL TREATMENT

To the Advisors and Reverend:

In the event that 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.

Date _____ Parent/Guardian Signature _____

Permission for emergency medical treatment will be effective throughout the member's enrollment. If there is any change of information, please telephone the Reverend or Advisors.

YOUR INSURANCE COMPANY

GROUP IDENTIFICATION #: _____

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 after effects 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 two GOYA 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 is in need of 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 are in agreement with 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 GOYAN _____

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 the GOCA GOYA for so long as my/our child is a registered member of the GOCA in Port Jefferson GOYA and all activities related to the GOYA unless otherwise indicated on this form, or on the child’s medical form. These activities include but are not limited to: soccer, softball, basketball, volleyball, track and field events, swimming, dancing and field trips.

I/We understand that no responsibility is incurred by the GOCA GOYA, the Direct Archdiocese District of the Greek Orthodox Archdiocese of America, GOCA in Port Jefferson, their leaders, employees, and volunteer staff, for the loss of documents, or damage to luggage or any other personal belongings.

I/We understand that photos and/or video will be taken throughout the event of the activities and the participants. I/We also understand that photos and any videos will be taken for the sole purpose of future promotion of the program. Therefore, we consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my/our child during the activities of the GOCA GOYA to be used, distributed, or shown as GOCA in Port Jefferson, GOCA GOYA and/or the Direct Archdiocese District of the Greek Orthodox Archdiocese of America see fit.

I/We understand that all reasonable safety precautions will be taken at all times by the GOCA GOYA and the Direct Archdiocese District of the Greek Orthodox Archdiocese of America and their agents during all activities of the GOCA GOYA. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk in all sporting activities, dances, water activities, etc. I/We agree not to hold GOCA Church, GOCA GOYA, and the Direct Archdiocese District of the Greek Orthodox Archdiocese of America, their leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Please note that in providing recreational or sporting activities, the Direct Archdiocese District of the Greek Orthodox Archdiocese of America, the GOCA of Port Jefferson and the GOCA GOYA does not hold itself responsible in any way for any injury that might arise from participation in any such events. Participation is strictly voluntary and carries with it the commonly held understanding that some degree of risk is associated with any and all activities including but not limited to sporting activities, dances and the like.

Parent’s or Guardian’s Signature

Date

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 GOYAN) and my parent(s)/legal guardian(s) confirm that we understand this GOYA Code of conduct. I agree to comply with all of the rules and meet all of the expectations stated below while participating in a GOYA event:

- I will come with an open heart and mind, ready to have fun, learn, and grow in my Faith.
- I will treat the Clergy, the GOYA advisors, any chaperones, event staff, and all the other GOYANS with respect While at a GOYA event.
- I will fully participate in all camp activities.
- I will follow all rules, regulations, and instructions that will be given by the GOYA Event hosts and any GOYA Advisors.
- I will not bring tobacco, alcohol, drugs (other than those prescribed by a doctor), weapons, fireworks, or pornographic material to any GOYA events, and I will not use them while at a GOYA event. I understand that my parents will be notified, and that I will be sent home at my parent’s/guardian’s expense if I fail to meet this expectation.
- I will wear appropriate clothing while at a GOYA event. None of my clothing will exhibit vulgar, suggestive, gang related, or irreligious language or images. None of my clothing will advertise or promote the use of alcohol, tobacco, drugs, weapons, or violence. I will wear clothing that covers my stomach and underwear while at a GOYA Event. Short skirts/dresses, overly tight or revealing clothing will not be allowed. I understand that the dress code will be enforced at the discretion of the GOYA Event hosts and the GOYA advisors. I understand that if my clothing is found to be inappropriate I will be asked to change or leave the event.
- I will use appropriate language and will not curse, use obscene hand gestures, or participate in vulgar conversations. I will not harass any advisors or fellow GOYANS in any way.
- I will CONDUCT myself at all times as a proper Orthodox Christian.
- I will treat the property of others with respect. I understand that I am responsible to pay for any property I willfully or recklessly damage, destroy, or steal.
- I understand that for my and others’ safety, event staff/advisors may search my baggage and belongings. I will be present if my items are searched and I will know why they have decided to search my belongings.
- I understand that the GOYA event hosts and the GOYA advisors reserve the right to dismiss me from any GOYA event, and to send me home at my parent’s/guardian’s expense.

Parent’s or Guardian’s Signature

Date

Participant’s Signature

Date