

# GOYA REGISTRATION FORM

NAME \_\_\_\_\_ DOB \_\_\_\_\_

GRADE ENTERING SEPT \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ CELL # \_\_\_\_\_ HOME # \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

ANY MEDICAL CONDITIONS \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ DOCTOR'S # \_\_\_\_\_

MEDICAL INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

I AUTHORIZE THE CLERGY AND ADVISORS TO SEEK MEDICAL ASSISTANCE IF EVER NEEDED. I AM WILLING TO ASSIST THE PROGRAM IN THE FOLLOWING WAYS:  
\_\_\_\_ DRIVER \_\_\_\_ CHAPERONE \_\_\_\_ COACH AND OTHER ACTIVITIES THROUGH OUT THE YEAR.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MEMBERSHIP FEE \$ 45.00 CHECK #  
SOCCER REG. FEE (FALL) \$40.00 CHECK #  
SOCCER REG. (SPRING) \$40.00 CHECK #  
BASKETBALL REG. FEE \$40.00 CHECK #  
OTHER COSTS: OLYMPIC FEE AND OR UNIFORMS