

THE JOY Membership Form/Individual Profile Information

NAME _____ DATE OF BIRTH _____
FATHER'S NAME _____ WORK # _____ CELL # _____ EMAIL _____
MOTHER'S NAME _____ WORK # _____ CELL # _____ EMAIL _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
ARE YOU A BAPTIZED ORTHODOX CHRISTIAN _____ YES _____ NO _____
IF YES, BAPTISMAL NAME: _____ DATE _____
SCHOOL (name and city): _____ GRADE IN SEPT 2010 _____
ANY MEDICAL CONDITIONS _____
DOCTOR'S NAME _____ DOCTOR'S TELEPHONE _____
MEDICAL INSURANCE CO. _____ POLICY NUMBER _____
EMERGENCY CONTACTS: NAME _____ PHONE # _____
NAME _____ PHONE # _____

I WILL DO MY BEST TO LIVE BY THE ORTHODOX FAITH, TO ATTEND CHURCH FAITHFULLY, AND TO BE AN ACTIVE PARTICIPANT IN THE JOY _____ PROGRAM.

Signature _____ Date _____

I hereby give my consent for my child to participate in the activities of the Resurrection JOY Program. 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 _____ other

Activities JOY may have during the year.

Parents Signature _____ Date _____

JOY FEES

MEMBERSHIP FEE \$35.00 CHECK # _____
SOCCER REG. FEE (fall) 40.00
CHECK # _____
SOCCER REG. FEE (spring) 40.00 CHECK # _____
BASKETBALL REG. FEE \$40.00
CHECK # _____
OLYMPIC FEE \$40.00 CHECK # _____

RESURRECTION T-SHIRT (OLYMPICS) \$10.00/ SOCCER/BASKETBALL UNIFORM \$ 15.00