



GOYA Basketball League
Pre-Registration Form

Student Athlete (full Name): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Male: ___ Female: ___

Grade: _____ Date of Birth: _____

Parent/Guardian: _____

Phone: _____ Email: _____

Emergency Contact: _____ Relation: _____ Cell Phone: _____

Game Uniforms (specify Youth S-M-L) or (Adult S-M-L-XL-XXL-)

Uniform Jersey size: _____ Uniform Short Size: _____

Relevant Medical Issues: _____

Is your child currently taking any prescribed medications? If so, please describe the medication, dosage and purpose: _____

Insurance Carrier: _____ Policy #: _____

Participation Fees & Donations: Please make checks payable to **GOYA Basketball** and remit to the Church office (Holy Trinity) or to Denise Nikols. Participation fees cover all expenses, including gym rentals (practice and game days), coach shirts, referees, referee arbiter, game day staff, website, trophies, awards, etc. We have tried to keep the fees as low as possible, while still enabling us to provide for and maintain a quality experience for all participants.

Steward Fee: Participation Fee \$65.00, Uniform Deposit \$60.00-Total \$125.00

Non-Steward Fee: Participation Fee \$100.00, Uniform Deposit \$60.00-Total \$160.00

Note: Uniforms must be cleaned and in good condition to receive deposit refund.



Form of Payment _____ **Payment received by** _____

Check # _____

AUTHORIZATION FOR CONSENT FOR TREATMENT OF A MINOR AND LIABILITY WAIVER FORM

I/We the parent(s) or legal guardian(s) hereby authorize and consent to X-ray examination, or surgical diagnosis rendered under the general or special supervision of any licensed personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis; treatment of hospital care required but is given to provide authority and power to render care, which is deemed advisable in the best judgement of the physician. It is understood that an effort will be made to contact the undersigned prior to rendering treatment, but that any of the above treatments will not be withheld if the undersigned cannot be reached. In recognition of the possible dangers to my child, I hereby knowingly and voluntarily waive any right or cause of action of any kind against the members, directors, agents, employees of the Greek Orthodox Archdiocese of America, the Greek Orthodox Metropolis of Denver, Colorado, and my local parish for any personal injury that may occur at or during the Events. Nor shall they be liable for any personal injury to my child occurring during the transportation to and from the event.

I hereby understand that any medical expenses that my child may incur due to personal injury or illness is my financial responsibility and not that of the Greek Orthodox Archdiocese of America, the Greek Orthodox Metropolis of Denver, Colorado, or my local parish (Holy Trinity/Prophet Elias).

SIGNATURE OF Parent/Guardian

Date

*****Parents still need to visit the UCAA website (Utah Catholic Athletic Association) to officially register their child for the league. This form is for GOYA records*****

www.ucaasports.org