

Sts. Constantine & Helen Greek Orthodox Church
71 Chandler Road Andover, MA 01810

GOYA Permission to Participate

I _____ hereby give permission for _____ to
(Parent/Legal Guardian) (Name of Son/Daughter)

participate in all activities with the Sts. Constantine & Helen Greek Orthodox Church GOYA group. I understand that by signing this permission slip that the church or any chaperone will not be held liable for my child in case of personal injury or loss of personal belongings.

(Parent Signature) (Date)

Home phone: _____ Cell Phone: _____

Other Contact in case above is not available: _____

Health Insurance and Policy Number: _____

Emergency Name and Telephone: _____

Please list any allergies we should be aware of: _____

Please complete with specific even information:

Event: _____ Date of Event: _____ Parent's Initials: _____

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