

**Participation in the Greek Orthodox Archdiocesan District Olympics.**

**Medical Release Form**

Church \_\_\_\_\_ Program Year \_\_\_\_\_

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY FOR EACH PARTICIPANT.

**Medical Assistance Form**

**(ADVISORS NEED TO KEEP THIS ON SITE FOR THEIR RECORDS --- DO NOT HAND IN)**

PRINT Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In the event that I cannot be reached by phone in an emergency, I hereby give my permission to my family physician, local physician, or hospital, and to the advisors of (Church Name)

\_\_\_\_\_ to administer emergency treatment to my child.

**Parent Approval**

\_\_\_\_\_  
Print Name

PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
Parent Cell Phone --- if more than one parent, list names and cell #s

\_\_\_\_\_  
Additional Emergency Name and Contact #

**COACHES & ADVISORS, PLEASE NOTE:**  
**THESE FORMS ARE FOR CHURCHES, NOT FOR GOADO REGISTRATION.**  
**THESE SHOULD BE KEPT BY THE COACHES --- DO NOT GIVE IN WITH PAPERWORK!**