



Spartan Athletics

The Greek Orthodox Church of St. Demetrios

893 N. Church Rd

Elmhurst, IL 60126

G.O.A.L. BASKETBALL REGISTRATION FORM

2018-2019 SEASON

PARTICIPANT INFORMATION

Please Print Legibly

Last Name: _____ First Name: _____

Enrolled Grade for 2018-2019 Public School Year: _____

Athletes Birthday (mm/dd/yyyy): _____

Parent Email: _____

Parent Email: _____

Mother's Name: _____ Father's Name: _____

(Include area code with telephone)

Mother's Cell: _____ Father's Cell: _____

Athletes Cell (*Optional*): _____ Home Phone: _____

Please specify any health problems or medications you child needs for athletic activity:

1. _____

2. _____

3. _____

Uniform sizes

Does your child need a uniform or t-shirt

Yes: _____ No: _____

If Yes, What Size?: _____ (Please specify Youth or Adult)

Payment and Uniforms

Registration fee: \$60

Uniform fee: \$50 (Grades 5-12)

Payment may be made payable by check to St. Demetrios with Athletics in the memo

Note: If your child has a uniform from last year Please tell us what number they are _____

they may use that one. Grades 1-4 have no uniform fee and will be provided with a t-shirt

Parent Signature: _____



GREEK ORTHODOX ATHLETIC LEAGUE

GREEK ORTHODOX METROPOLIS OF CHICAGO

UNDER THE AUSPICES OF THE OFFICE OF YOUTH AND YOUNG ADULT MINISTRIES



REGISTRATION / INSURANCE WAIVER / OATH OF CONDUCT FORM

YOUTH REGISTRATION

PLEASE PRINT NEATLY

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE #:

PARENT CELL PHONE #:

AGE:

BIRTHDATE:

GRADE:

M / F

E-MAIL:

HEIGHT:

WEIGHT:

NAME OF CHURCH:

NAME OF SCHOOL:

I, give my consent and approval for participation in any and all activities of the Greek Orthodox Metropolis of Chicago Greek Orthodox Athletic League (G.O.A.L.). In consideration of my acceptance in said activities, I the undersigned do hereby agree to indemnify and hold harmless the Greek Orthodox Athletic League (G.O.A.L.), under the auspices of the Greek Orthodox Metropolis of Chicago, its directors, officers, coaches, and agents, and all churches/parishes that fall under its jurisdiction, without regard to any negligence on their part, against any claim for damages, compensation or otherwise including all losses and expenses caused to or by me while participating in any Athletic Program or activity of the Greek Orthodox Athletic League, under the auspices of the Greek Orthodox Metropolis of Chicago.

PARTICIPATION WILL BE DENIED: if the signature of an adult participant or parent/guardian and date are not completed below. Please read 2nd page.

****SIGNATURE OF PARENT:**

DATE:

INSURANCE WAIVER

We consent and give authority to obtain medical care and treatment of any and all injuries as a result of participation in the Greek Orthodox Athletic League (G.O.A.L.).

INSURANCE COMPANY:

POLICY NUMBER:

DATE:

DRUG ALLERGIES:

**** SIGNATURE OF PARENT:**

Please Place A
Current Picture of
Yourself Here

OATH OF CONDUCT

As a participant in this league, whether as an athlete, spectator, or coach, I

Pledge to uphold the teachings, tradition, and mission of the Greek Orthodox Church. I pledge to comply with all rules and regulations, by-laws and guidelines of the G.O.A.L. and show proper respect for all clergy, adults and peers. Furthermore, for the good of the Church, G.O.A.L. and any athletic event I will:

- Behave in a manner befitting an Orthodox Christian
- Show respect in defeat and modesty in victory
- Show respect for all opponents
- Maintain self-control and refrain from using profanity and/or profane gestures
- Show courtesy to all sports officials, authorities and teammates
- Play the game fairly, play to the best of my ability and accept the outcome graciously

I understand that the purpose of the program is to give me the opportunity to participate in athletic events, experience Orthodox fellowship, have fun, and grow in my relationship with Jesus Christ and my fellow man.

**** SIGNATURE OF PARTICIPANT**

PRINT NAME

DATE