DOWAMA SOYO Basketball Tournament & Retreat

October 4-6, 2013

Parent Authorization and Medical Consent

My son/daughter, (full name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to participate in **DOWAMA SOYO Basketball Tournament & Retreat**. I understand that reasonable precautions will be taken to safeguard his/her health and safety, and that I will be notified as soon as possible in any emergency. Also, I will not hold liable any Orthodox Church, its clergy, Council members, staff, volunteers, the Antiochian Orthodox Christian Archdiocese of North America, nor any individual lending or giving his/her private property to be used in connection with this event, for any illness or accident. If I am unable to be reached, and the occasion demands, I further authorize any treatment and hospital care advisable under the supervision of licensed medical physician. Such treatment may include x-ray, examination, anesthetic, medical, dental or surgical diagnosis.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent or Legal Guardian)

 Print name signed above:

HEALTH INSURANCE CARRIER:

NAME POLICY IS UNDER:

POLICY # / PLAN #:

NAME: AGE:

ADDRESS:

CITY, STATE, ZIP:

HOME PHONE #:

EMAIL ADDRESS:

CELL PHONE #: PARENT CELL PHONE#

HOME CHURCH:

ADULT ADVISOR ACCOMPANYING TEEN **(REQUIRED**): \_\_\_\_

**Travel Plans – (only if by plane)**

ARRIVING in OKC Airport on Friday, October 4th @

DEPARTING from OKC Airport on Sunday, October 6th @

 **(All those traveling by plane are responsible for their own transportation to and from the airport.)**

**Send all forms and $35 registration fees to:**

St. Elijah Church – Attn: Erin Ghata –

15000 N. May Ave – Oklahoma City, OK 73134