

NATIONAL JUNIOR AMERICAN CARPATHO-RUSSIAN YOUTH

JUNIOR YOUTH ORGANIZATION OF THE AMERICAN CARPATHO-RUSSIAN ORTHODOX DIOCESE

TO THE PARENT(S) OR GUARDIAN OF JUNIORS:

To better provide for and protect Junior members (18 years and under) and any other minor attending a National Event, the National ACRY organization, the Host Chapter and Parish, their officers and member, and our Diocese, a Parental Consent Form **MUST** be completed by the parent/guardians of ALL Jr. ACRY members AND other minors attending National ACRY sponsored events such as Conventions, Bowling Tournaments and Retreats.

Please sign these forms only after understanding and considering the following:

EVENT: 65th Metropolitan Orestes Memorial Bowling Tournament

DATES: May 24 - 27, 2013

HOSTED BY: Ambridge A.C.R.Y. Chapter #7, Ambridge, PA

Expectations and Instructions:

I understand that my child is expected and has been instructed by me to:

- Act at all times in a 'Christian' Manner;
- Refrain from the use of any drugs (except those prescribed by a physician for my child), or from the use of any alcoholic beverages;
- Refrain from any rough behavior or "horse play" during the course of the Bowling Tournament that could result in injury to anyone or damages to property.

My child and I both understand that the Host Chapter, together with the National Junior Spiritual Advisor, reserve the right to remove any member from attendance whose behavior violates the teachings of the Orthodox Church and/or the rules and regulations of the ACRY, Holiday Inn, Paradise Lanes or the Commonwealth of Pennsylvania.

Parent/Guardian Signature: _____

Date: _____

**Junior Member/Attendee
Signature:** _____

Date: _____

This form must be signed and returned to the National SR ACRY Vice President or the child will not be permitted to participate in the 165th Metropolitan Orestes Memorial Bowling Tournament, or any related events.

MAIL ORIGINAL FORM TO:

Rachel Pribish
National SR ACRY Vice President
668 S. Broad St.
Elizabeth, NJ 07202

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PARENTAL CONSENT FORM

Page 1 of 2

Junior Name: _____

Address: _____

Phone: (____) _____ - _____ Emergency Phone: (____) _____ - _____

Parent: _____

Chapter or Chapter Attending With: _____

Chaperone (over the age of 21) attending this event: _____

Chaperone's Signature: _____

I hereby give consent and permission for _____ (Junior's Name) to attend the 65th Metropolitan Orestes Memorial Bowling Tournament hosted by Ambridge A.C.R.Y. Chapter #7 Ambridge, PA, May 24-27, 2013. I take full responsibility for the action and behavior of my child at this event.

I agree to release, indemnify, defend and hold harmless: The American Carpatho-Russian Orthodox Greek Catholic Diocese; the National Senior and Junior American Carpatho Russian Youth organizations; Ambridge Sr. and Jr. ACRY Chapter #7, St. John's Orthodox Church, Ambridge, PA; _____; and the officers, directors and members of each of the above organizations from any and all liability, claims and damages arising from the conduct of my child or damages to the property of my child or injuries, fatal or otherwise, to my child during the course of the 65th Metropolitan Orestes Memorial Bowling Tournament, May 24-27, 2013, held at the Pittsburgh Holiday Inn

WE, THE UNDERSIGNED, UNDERSTAND AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH.

Parent/Guardian Signature: _____ Date: _____

Junior Member/Attendee Signature: _____ Date: _____

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PARENTAL CONSENT FORM

Page 2 of 2

Part I or Part II must be completed

Junior Name: _____

Part I: To Grant Consent

IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME AT (____) ____-____ OR
(____) ____-____ OR _____ (name of relative or other person
to contact) AT (____) ____-____ HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE MY
CONSENT FOR THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY THE
ATTENDING PHYSICIAN AND/OR DENTIST.

Note: This authorization does not cover major medical surgery unless the medical opinions of two (2)
other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to
the performance of such surgery. Facts concerning the child's medical history including allergies,
medications being taken, and any physical impairments to which a physician should be alerted are listed
below:

Parent/Guardian Signature: _____ Date: _____

Insurance Company and Number: _____

Part II: Refusal To Grant Consent (Do not complete if you completed Part I)

I DO NOT GIVE MY CONSENT FOR EMERGENCY TREATMENT OF MY CHILD IN THE EVENT OF
ILLNESS OR INJURY REQUIRING MEDICAL TREATMENT. I WISH THE AUTHORITIES TO TAKE NO
ACTION AND TO:

Parent/Guardian Signature: _____ Date: _____