

NATIONAL JUNIOR AMERICAN CARPATHO-RUSSIAN YOUTH

JUNIOR YOUTH ORGANIZATION OF THE AMERICAN CARPATHO-RUSSIAN
ORTHODOX GRECO-CATHOLIC CHURCH

TO PARENTS OR GUARDIANS OF JUNIORS:

To better provide for and protect Jr. Members (18 years and under) and any other minor attending a National Event: The National A.C.R.Y. Organization, The "Host" Chapter and Their officers and Members and our Diocese, a Parental Permission Form MUST be completed by the parent/guardians of ALL Jr. A.C.R.Y. members AND other minors attending the National A.C.R.Y. sponsored events such as Convention, Bowling Tournaments and Retreats.

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

Event Planned: 71st Metropolitan Orestes National ACRY Bowling Tournament

Date of Event: May 24-27, 2019

Hosted By: #25 Potomac, MD

Expectations and Instructions:

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

- A. To act at all times in a "Christian" Manner.
- B. To refrain from the use of any drugs (except those prescribed by a physician for my child), or any alcoholic beverages and
- C. To refrain from any "horseplay" particularly in and about the hotel, bowling lanes, etc. that could result in injury to anyone or damages to property

PARENT SIGNATURE:

JUNIOR MEMBER/ATTENDEE SIGNATURE: _____

THESE FORMS MUST BE COMPLETED AND SENT TO THE NATIONAL JR. ACRY SR. ADVISOR, OR THE CHILD WILL NOT BE PERMITTED TO ATTEND

**NATIONAL JUNIOR
AMERICAN CARPATHO-RUSSIAN YOUTH**

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ORTHODOX GRECO-CATHOLIC CHURCH

PARENTAL CONSENT FORM
(PAGE 1 OF 2)

Junior Name: _____

Address: _____

Phone: _____ Emergency Phone: _____

Parent Name: _____

Work Phone: _____

Chapter or Chapter attending with: _____

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

Chaperone's Signature:

I HEREBY GIVE CONSENT FOR _____ (Junior's Name) TO ATTEND THE
BOWLING TOURNAMENT HOSTED BY **POTOMAC, MD #25**. I WILL TAKE FULL
RESPONSIBILITY FOR MY CHILD AT THIS EVENT AND RELEASE THE NATIONAL A.C.R.Y.,
THE "HOST" CHAPTER, ALL THEIR OFFICERS, MEMBERS, AND OUR DIOCESE FROM ANY
RESPONSIBILITY FOR ANY LOSSES, DAMAGES, OR INJURIES IN **THE EVENT**.

**I UNDERSTAND AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS SET
FORTH.**

PARENT/GUARDIAN SIGNATURE: _____

JUNIOR MEMBER/ATTENDEE SIGNATURE: _____

DATE SIGNED: ___/___/___

THIS MUST BE RETURNED TO THE NATIONAL JR. ACRY SR. ADVISOR OR THE CHILD WILL
NOT BE PERMITTED TO PARTICIPATE IN THE ABOVE FUNCTION.

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ORTHODOX GREEK CATHOLIC CHURCH

PARENTAL CONSENT FORM (PAGE 2 OF 2)

PART I: To Grant Consent:

IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME AT (_____)
(_____) OR (_____) (PHONE NUMBERS) 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 options of two
(2) licensed physicians or dentists, concurring in the necessity for such surgery, and are obtained
prior to 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 to:

Date: ___/___/___ Signature: _____

Insurance Company and Number: _____

PART II: Refusal to Consent (DO NOT COMPLETE IF YOU COMPLETE PART I)

I DO NOT GIVE PERMISSION 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:

Date: ___/___/___ Signature: _____

THIS MUST BE RETURNED TO THE NATIONAL JR ACRY SR. ADVISOR OR THE CHILD WILL
NOT BE PERMITTED TO PARTICIPATE IN THE ABOVE FUNCTION.