

GOYA Lenten Retreat-2009

Please check which weekend you are registering for:

_____ February 27-March 1, 2009-Friday-Sunday _____ March 6-March 8,
2009-Friday-Sunday

_____ GOYAN _____ Adult-Advisor / Chaperone

Last Name: _____ Name: _____ First

Address: _____

City/State/Zip: _____

Circle:
Email (PLEASE PRINT): _____
_____ Male / Female

Home Phone _____ w _____ /area
code: _____ Cell: _____

Date of Birth (month/day/year): _____ School Grade (Fall 2008): _____
Age: _____

T-Shirt Size-(adult sizes): ___small ___medium ___large ___x-large ___xx-large

GOYANS Must Complete the following information:

Parents _____ Names _____ or _____ legal
guardian: _____

Parents
address: _____

City/State/Zip: _____

Parent's email: _____ Cell: _____

Phone _____ #s/
Day: _____ Evening: _____

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Youth Workers/ Chaperones-Please check all that apply. I am:
_____ Physician _____ Nurse _____ Certified Lifeguard _____ CPR Certified _____ Paramedic
Other: _____

Are you able to help out with **Arts & Crafts** during the weekend?..... _____ Yes Would you like to help with
meals?..... _____ Yes

All Registering: attach the following forms, (in order below), with check stapled together to complete registration:

- 1.
2. GOYA Event Registration Form
3. Covenant for GOYANS / Advisors
4. Medical History Form
5. Copy of Insurance Card-(front & back please!)
6. Metropolis Waiver/ Medical Treatment Authorization

Parent _____

Signature: _____ Da

Please read the information page. You must sign up as a Parish and have a chaperone For every 5-7 youth. Send all forms together with summary page. All individual forms go to the Youth Director/ Lead Advisor of your parish and they will mail to the Metropolis! I will send you an email confirmation when your parish is registered. Thank you!Michelle Cassimus youth@atlmetropolis.org

All forms may be downloaded : www.atlmetropolis.org