

ST. GEORGE GOYA 2020–2021 - MEMBER PARTICIPATION/CODE OF CONDUCT CONTRACT



GOYA Member Name: _____

Date: _____

The purpose of GOYA is to direct Greek Orthodox youth to become worthy servants of Jesus Christ within the Orthodox Christian faith. The programs and events GOYA offers help instill essential values in all GOYAnS including discipline, teamwork, dedication, responsibility, fairness, tolerance and trustworthiness while keeping true and reinforcing our Greek Orthodox faith.

Behavioral Expectations

	Self	Group/Team/Community
Respectful	Be a positive role model; Be courteous in words and actions; Use appropriate language; Treat others as you wish to be treated	Demonstrate good sportsmanship; Support and encourage all participants; Be tolerant of others; Respect the church and its facilities and others' property; Clean up after yourself; Always show respect to Father, Advisors, Coaches, Parents, event staff and chaperones.
Responsible	Adhere to all church policies; Be on time and be prepared; Be accountable; Be aware of your effect on others	Be courteous to visitors and opponents; Be accountable to team, church, and community; Clean up after yourself; Follow rules of the church
Committed	Make wise and healthy choices; Strive for excellence; Be attentive and focused; Maintain consistent effort	Positively represent family, community, team and church; Use time wisely; Acknowledge and support teammates and peers; Act and react appropriately

Because I have the opportunity and the responsibility to make a difference in the lives of others, I commit to the following participation expectations. I will take responsibility and appropriate consequences when I fail to live up to these expectations.

1. **GOYAnS shall faithfully and on time attend Sunday Divine Liturgy, church school, religious retreats, meetings, functions and practices for games/events. GOYAnS ARE REQUIRED TO ATTEND THE DIVINE LITURGY AND SUNDAY CHURCH SCHOOL AT ST. GEORGE REGULARLY to be eligible to represent St. George on any team or competition.**
2. GOYAnS shall come with an open heart and mind, ready to have fun, learn, and grow in our Faith.
3. GOYAnS shall follow all rules, regulations and instructions given by the GOYA Advisors, event hosts, clergy or chaperones.
4. GOYAnS shall maintain appropriate personal boundaries and abstain from inappropriate actions including, but are not limited to: horseplay, inappropriate physical contact or throwing of objects.
5. GOYAnS shall be timely and dressed appropriately for each activity in accordance with the Metropolis of NJ Dress Code.
6. GOYAnS shall not use abusive language, alcohol, cigarettes, drugs or become involved in any physical violence or destruction or any types of bullying (i.e. verbal, social media).
7. GOYAnS shall not drive a car to any district or state GOYA function.
8. GOYAnS shall not leave the premises at any GOYA game, practice, function or activity without the permission of the advisors or adults who are chaperoning.
9. GOYAnS shall adhere to all deadlines for each event. If a deadline is missed, GOYAnS shall not demand or expect that special privileges be extended or, that the rules be changed.
10. GOYAnS are prohibited from posting to social media about events and activities involving the St. George GOYA, unless authorized by the GOYA Ministry Team. Social media, as used in this policy, refers to all forms of on-line tools or services through which virtual communication is created allowing users to publish commentary and share information, ideas, personal messages and other content.

I. GOYAn Acknowledgement

- I have reviewed and accept the behavioral expectations.
- I am aware that in order to participate in GOYA events, there are attendance, behavioral and/or performance requirements.
- I will compete/participate within the rules of the activity or sport and, respect and follow the rules and regulations set by the State Youth Committee, my parish, and by the Advisors/Coaches.
- I will develop my skills to the best of my ability and give my best effort in competition while respecting the dignity of my competitors, officials, teammates, advisors, coaches and parents.
- I will be a positive influence in my relationships with my fellow GOYAnS and place activity/team goals ahead of my personal goals.
- I understand that failure to comply with any of the rules will bring about consequences which I agree to accept. Consequences are not subject to discussion and, are at the discretion of the Priest and Advisors. Consequences may include suspension from events/activities or, removal from GOYA.
- My fellowship with my peers in religious, social, athletic and cultural activities will always reflect my Christian faith.

II. Parent Acknowledgement - I have reviewed and will support the contents of this document.

GOYAn Name (print)

Parent Name (print)

GOYAn Signature

Date

Parent Signature

Date



G.O.Y.A. HEALTH PERMISSION FORM 2020-2021



GOYAN'S NAME _____

DATE OF BIRTH: _____

ADDRESS: _____

MOTHER'S NAME _____ EMPLOYER _____ TEL# _____

FATHER'S NAME _____ EMPLOYER _____ TEL # _____

FAMILY DOCTOR'S NAME/PHONE: _____

HOSPITAL OF CHOICE: _____

DENTIST'S NAME/ADDRESS _____ TEL# _____

List any medical problems or concerns we should be aware of _____

_____/-

Is your child taking either prescription or over-the counter medication on a regular basis? Yes No If yes, please list.

Name of Drug(s) _____

Drug Allergy? Yes No If yes, please indicate drugs _____

Other Allergies? Yes No If yes, please indicate foods/other _____

Type of Reaction (be specific): _____

My child carries an Epi-Pen: Yes No

In the event that parents or guardian cannot be contacted, please provide alternate persons authorized to make medical decisions if GOYAns becomes ill or injured.

1.Name _____ Relationship _____ Phone _____

2.Name _____ Relationship _____ Phone _____

EMERGENCY MEDICAL TREATMENT

To the Advisors and Priest:

In the event that I am unable to be reached and my child needs EMERGENCY MEDICAL. TREATMENT during any time he/she is a member of the G.O.Y.A., you have my permission, and I hereby designate you my agent, to act in my son's/daughter's best interest in obtaining necessary transportation and medical care until I can be contacted. I hereby release you from any claim arising out of the doctor's actions, and I assume and agree to pay for any professional medical services incurred.

Date _____ Parent/Guardian Signature _____

Permission for emergency medical treatment will be effective throughout the member's enrollment. If there is any change of information, please notify Advisors and Priest.

YOUR INSURANCE COMPANY: _____

GROUP IDENTIFICATION #: _____ MEMBER # _____

TELEPHONE # _____



ST. GEORGE CLIFTON G.O.Y.A. MEMBERSHIP APPLICATION 2020-2021



GOYAN'S NAME: _____

ADDRESS: _____

CITY/ZIP: _____ HOME PHONE: _____

DATE OF BIRTH: _____ AGE: _____ Adult T-SHIRT SIZE: _____

GOYAN'S EMAIL(*mandatory*): _____ GOYAN'S CELL #: _____

SCHOOL NAME: _____

SCHOOL LOCATION: _____ GRADE: _____

PARENT INFORMATION:

MOTHER'S NAME: _____ MOTHER'S CELL: _____

MOTHER'S EMAIL: _____ INCLUDE FOR CORRESPONDENCE? Yes No

FATHER'S NAME: _____ FATHER'S CELL: _____

FATHER'S EMAIL: _____ INCLUDE FOR CORRESPONDENCE? Yes No

GOYANS ARE REQUIRED TO ATTEND THE DIVINE LITURGY & SUNDAY SCHOOL REGULARLY AT ST. GEORGE.

PERMISSION FOR TRANSPORTATION

I, _____ (parent/guardian) give permission for the Advisors, Chaperones, adults and Coaches of the St. George GOYA to transport my child _____ (GOYAn name) to any GOYA function/event. If my child should require medical attention during the course of any trip, I delegate authority for their care and treatment to the Advisors, Chaperones, adults and Coaches in charge and I absolve these leaders of any accident that might occur.

Parent/Guardian Signature

Date

Adults who accompany GOYAnS on any trip need to remain at the church until all GOYAnS are picked up by their parents/guardians. Parents/guardians must be on time to pick up their children after all GOYA functions.

**ALL FAMILIES OF REGISTERED GOYANS MUST BE CURRENT STEWARDS OF ST GEORGE
WITH A MINIMUM STEWARDSHIP COMMITMENT OF \$ 800. ***

*Any family unable to meet this minimum stewardship commitment may speak confidentially to Father Peter.

ANNUAL GOYA MEMBERSHIP DUES: \$20.00

ATHLETIC (Volleyball/Basketball) PARTICIPATION FEE: To be determined when/if athletic season progresses

Paid: Cash Check # _____ Total Paid: _____ Date Paid: _____

Stewardship Payment Verified