



# The Ukrainian Orthodox League

## Memorial Day Weekend

### May 23-26, 2014

### Registration Form

Name

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Address

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Home Phone

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Cell Phone

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E-Mail

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**Status (please check one)**

I plan on arriving at the event at approximately \_\_\_\_\_ a.m./p.m. on

\_\_\_\_\_ Friday

\_\_\_\_\_ Saturday

\_\_\_\_\_ Sunday

**Make checks payable to:**

The Ukrainian Orthodox League of the USA  
Registration due no later than Friday, May 16, 2014

Return registration form and \$35.00 payment to:

**Emily Kominko**  
**5320 Pine Ridge Oval**  
**Independence, OH 44131**

# *The Ukrainian Orthodox League*

## Young Adults Memorial Day Weekend Retreat

### EMERGENCY AND CONSENT AUTHORIZATION FORM

Name

: \_\_\_\_\_  
\_\_\_\_\_

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_  
\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell  
Phone: \_\_\_\_\_

#### **In Case of Emergency Alternative contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
\_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell**  
**Phone:** \_\_\_\_\_

#### **High school seniors who are not yet 18 years old:**

I give my child permission to participate in the UOL RETREAT sponsored by the *Ukrainian Orthodox League* of the *Ukrainian Orthodox Church*.

I consent for \_\_\_\_\_ to  
chaperone my child.

Name of chaperone

I consent to allow my child to receive emergency first-aid or treatment by a doctor or hospital staff member in the event of sudden illness or accident.

I have reviewed Retreat Rules with my child. I understand that my child's luggage and belongings may be searched for alcohol and illegal drugs should it be deemed necessary and appropriate. I will take responsibility for covering the cost of having my child sent home if illegal substances are found or if my child violates Retreat Rules.

I agree to hold harmless and release the *Ukrainian Orthodox League* and the *Ukrainian Orthodox Church* and its members, for any accidents or mishaps that may take place

during events at which my child is present or during any transportation needed for the child and assume the risk for any injuries that they may sustain in the pursuit of the above described activities and also indemnify, protect, save and hold the above mentioned harmless of any and all losses, damages, or injuries which may occur as a result of the activities of the UOL Retreat.

Parent/Guardian Signature: \_\_\_\_\_ Date :  
\_\_\_\_\_

*\*Chaperone must be a participant at least 25 years of age. Please make sure that the participant has agreed to serve as a chaperone prior to submitting this form.*

THE UKRAINIAN ORTHODOX LEAGUE OF THE UNITED STATES OF AMERICA

**HEALTH FORM AND RELEASE**

Participants's Name: \_\_\_\_\_ Birth date:  
\_\_\_\_\_

Current Age: \_\_\_\_\_ Social Security Number:  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number:  
\_\_\_\_\_  
\_\_\_\_\_

Parent/ \_\_\_\_\_ Guardian \_\_\_\_\_ Name:  
\_\_\_\_\_

HEALTH HISTORY

Surgery \_\_\_\_\_  
Date \_\_\_\_\_

Diabetes \_\_\_\_\_  
Asthma \_\_\_\_\_

Epilepsy \_\_\_\_\_  
Conditions \_\_\_\_\_

Additional

Any activities child should not participate in due to physical conditions \_\_\_\_\_

ALLERGIES

Outdoor:

\_\_\_\_\_  
\_\_\_\_\_

Medicines:

\_\_\_\_\_  
\_\_\_\_\_

Food:

\_\_\_\_\_  
\_\_\_\_\_

INSURANCE INFORMATION

Name of Insurance

Company: \_\_\_\_\_

Issued under the name:

\_\_\_\_\_

Policy

number/s: \_\_\_\_\_

Date of policy: \_\_\_\_\_ (Please attach copy of card to this form)

*This health record is correct and complete to the best of my knowledge. Therefore, the child, who is registered here has permission to engage in all activities except as noted on this form. In the event of an emergency, I hereby give permission to the physician and/or hospital, which is selected by the chaperones to hospitalize, secure proper medical treatment for the above named child. As the parent/guardian, I will assume all financial responsibilities if hospitalization and/or medical treatment is required.*

Policy Holder's Signature \_\_\_\_\_  
Date \_\_\_\_\_