

**METROPOLIS OF BOSTON**  
**YOUTH REGISTRATION AND INSURANCE WAIVER (UNDER 18)**

Name of Participant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Emergency Phone#: \_\_\_\_\_ Emergency Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Name of Church: \_\_\_\_\_  
Name of School: \_\_\_\_\_

**WAIVER & RELEASE OF ALL CLAIMS & ASSUMPTION OF RISK**

I give my consent and approval to the above named participant in any and all activities of the Greek Orthodox Metropolis of Boston Basketball Leagues, including transportation to and from the event. In consideration of the Metropolis' acceptance of the above named participant in said activities, I the undersigned do hereby agree to indemnify and hold harmless the Greek Orthodox Metropolis of Boston, its clergy, League personnel, officers, coaches, volunteers and agents, and all churches/parishes that fall under its jurisdiction and also the Hellenic College/Holy Cross Greek Orthodox School of Theology, without regard to any negligence on their part, against any claim for damages, compensation or otherwise including all losses and expenses caused by the above named participant participating in any Athletic Program or being transported to and from the event, or any activity of the Metropolis of Boston Basketball Leagues.

I recognize and acknowledge that there are risks of physical injury to participants in these programs/activities and in the transportation to and from these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss regardless of severity, that my minor child/ward may sustain as a result of said participation. I further agree to waive and relinquish all claims that I or my child/ward may have (or accrue to me or my child/ward) as a result of the above named participant participating in these programs/activities against the Greek Orthodox Metropolis of Boston, a Metropolis of the Greek Orthodox Archdiocese of America, including its clergy, League personnel, officers, coaches, volunteers and agents (hereinafter collectively referred to as the Greek Orthodox Metropolis of Boston) and the Hellenic College/Holy Cross Greek Orthodox School of Theology.

I do hereby fully release and forever discharge the Greek Orthodox Metropolis of Boston and the Hellenic College/Holy Cross Greek Orthodox School of Theology and its clergy, League personnel, officers, coaches, volunteers and agents from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with these programs or activities.

If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

*Participation will be denied if the signature of an adult participant or parent/guardian and date are not completed below.*

**INSURANCE WAIVER**

We consent and give authority to obtain medical care and treatment of any and all injuries as a result of participation in the Metropolis of Boston Basketball Leagues at the expense of the participant.

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

DRUG ALLERGIES: \_\_\_\_\_

Attach a copy of the above named participant's insurance card.

\*\*SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

*Participation will be denied to anyone not having health insurance.*

**Please complete this confidential form and send to: Metropolis of Boston**