

## 2008 GOYA EVENT REGISTRATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Home Phone with Area Code: \_\_\_\_\_  
Male or Female: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ School Grade : \_\_\_\_\_ Age: \_\_\_\_\_

### PARENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Home Phone with Area Code: \_\_\_\_\_  
Phone Number in case of emergency: \_\_\_\_\_

### ALL PARTICIPANTS MUST RETURN THE FOLLOWING FORMS:

- \_\_\_ GOYA Event Registration Form
- \_\_\_ Medical History Form
- \_\_\_ Copy of Insurance Card (front and back)
- \_\_\_ Covenant for GOYANS
- \_\_\_ Metropolis Waiver

GOYA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_