



**Antiochian Archdiocese Convention**  
 Hosted By St. George Church (Cicero, IL)  
**Hyatt Regency O'Hare Chicago ~ July 20-27, 2025**  
**Club Saint George Medical Form**  
**One Form Per Child!**

All children attending Club Saint George must be registered for the Archdiocese Convention and purchase Club Saint George for the desired day(s)/evening(s) and pay the appropriate rate.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Male  Female

Parent/Guardian's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Please Select which days your child will be attending Club Saint George:

Tuesday  Wednesday  Thursday  Friday   
 Tuesday (Dinner)  Saturday (Dinner)

**CHILD HEALTH INFORMATION:**

**Any Known Allergies that this Child has (Food, Medications, Insects, etc.):**

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

**Current Medications this Child is taking and the Reason for this Medication:**

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

If this Child is taking any medications, the undersigned Parent/Guardian must administer these medications. No staff member of Club Saint George, or the Archdiocese Convention, or any other person will be allowed to administer medications to this Child. **This will be the sole responsibility of the undersigned Parent/Guardian**

**Other Health Issues We Should Be Aware of:**

The undersigned does hereby indemnify and hold harmless St. George Antiochian Orthodox Church of Cicero, IL and the Antiochian Orthodox Christian Archdiocese of North America, and their respective trustees, hierarchs, clergy, members, agents, affiliates, parishioners, guarantors, employees, and/or any assigns thereof, for any and all liability, costs, expenses, incidents and/or occurrences resulting from the undersigned Parent/Guardian's actions, and/or inactions hereinunder (as the case may be) regarding this Child, while attending the 2025 Archdiocese Convention, whether such liability, costs, expenses, incidents and/or occurrences happens to this Child and whether such liability, costs, expenses, incidents and/or occurrences happens either on or off the Conference premises.

\_\_\_\_\_  
 Signature of Parent/Guardian Relationship Date

\_\_\_\_\_  
 Signature of Parent/Guardian Relationship Date