

Maronite Mission of Charlotte
2017-2018
MYO
REGISTRATION FORM

OFFICE USE ONLY	
Date received: _____	Initials: _____
Payment received? Yes / No	Amount _____
Cash _____	Check #: _____

Name: First _____ Middle _____ Last _____

D.O.B : M / D / Y _____ Age: _____ Gender: Male / Female

Place of Birth: _____
(include locality (town, city, county, etc.), region (state, province, territory, etc.), and country)

I. Family Contact Information

Family Last Name: _____ Parish Registration: Yes / No Parish ID # _____

Address: Street _____ City: _____ State: _____ Zip Code: _____

Home Phone _____ Email _____

Mother's Name _____ Mother's Work Phone # _____

Mother's Cell # _____ Mother's Email: _____

Father's Name _____ Father's Work Phone # _____

Father's Cell # _____ Father's Email: _____

II. Candidate Religious History

What, if any, is the candidate present religious affiliation? _____

2. Has he/she ever been baptized? (Plz Circle) Yes / No / I am not sure

If you answered "Yes" to Question 2, please provide the following information:

(a) In what denomination was he/she baptized? **Maronite / Roman Catholic / Orthodox / Melkite / Other** _____

(a) Date or approximate age when candidate was baptized: _____

(b) Baptismal name (if different from current name): _____

(c) Place of Baptism (name of church/denomination): _____

(d) Address, if known: _____

(e) Location, if known: _____
(include locality (town, city, county, etc.), region (state, province, territory, etc.), and country)

3. If candidate were baptized as a Catholic, check those sacraments he / she has already received:

Penance (Confession) Eucharist (First Communion) Confirmation

III. Hobbies & Interests

Hobbies, Interests, Skills : _____

Previous Volunteer Experience : _____

What types of volunteer work interests you? _____

Person to contact in case of emergency _____

Relationship to person _____ **Contact phone** _____

IMPORTANT INFORMATION:

In an emergency, and if a parent cannot be contacted, you have my permission to contact the following person to help make decisions regarding the care for my child:

Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

I hereby consent and authorize Father Elias KHALIL or his designated representative, to obtain and provide for (Name) _____ any and all medical care or treatment which might become necessary, until either parent or the emergency contact person can be reached.

I further expressly release and waive Father Elias KHALIL, his designated representative, and The Maronite Mission of Charlotte, and the Eparchy of St. Maron of Brooklyn, from any liability, action, claim, cause of action which I might otherwise have in the event of illness or injury during the period that (Name) _____ is attending the MYO events.

Parent Signature: _____ **Date:** _____

PHOTO RELEASE (Please circle appropriate information below)

AUDIO VISUAL TAPING AND PHOTOGRAPHY CONSENT: On occasion, videotape, audio tape, slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media.

I consent / do not consent (circle one) to the use of such materials in which my child may appear. I release the staff and volunteers of The Maronite Mission of Charlotte and the Eparchy of St Maron of Brooklyn, NY from any liability connected with the use of my child pictures or voice recording as part of any of the above or similar activities.

Signature: _____ **Date:** _____

Applicant Signature _____ **Date** _____

Parent Signature (If person under 18) _____ **Date** _____

Registration Fees \$20 / Person

PAYMENTS: Cash & Checks are accepted. Checks must be made to: Maronite Mission of Charlotte

Please make checks payable to The Maronite Mission of Charlotte and mail registration form and payment to the following address:

Maronite Mission of Charlotte
P.O.BOX 49021
Charlotte, NC 28277