

**Maronite Mission of Charlotte**  
**2017-2018**  
**MYA**  
**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. Contact Information**

**Full Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell/Mobile Phone** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**II. Religious History**

What, if any, is your present religious affiliation? \_\_\_\_\_

2. Have you 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 were you baptized? **Maronite / Roman Catholic / Orthodox / Melkite / Other** \_\_\_\_\_

(a) Date or your approximate age when you were 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 you were baptized as a Catholic, check those sacraments you have already received:

Penance (Confession)  Eucharist (First Communion)  Confirmation

Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Please Turn to following page

**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 my medical care:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

I hereby consent and authorize Father Elias KHALIL or his designated representative, to obtain and provide for me (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 I am attending the MYA 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 I 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 picture or voice recording as part of any of the above or similar activities.

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Registration Fees \$20 / Person**

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

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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