

Saint Sharbel Mission

2016-2017

MYO

REGISTRATION FORM

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

Family Last Name: _____	Parish Registration: Yes / No	Parish ID # _____
Address: Street _____	City: _____	State: _____ Zipcode: _____
Home Phone _____	Email _____	
Mother's Name _____	Mother's Maiden Name _____	
Mother's Work # _____	Cell # _____	
Father's Name _____	Father's Work # _____	
Cell # _____		

Name	_____	D.O.B	_____	Age	_____
Place of Birth	_____	Place & Date of baptism	_____		
Gender	Male / Female	School	_____		
Grade at School	_____	Cell Phone Number	_____		
Email Address	_____				
Sacraments Received please circle	Baptism	Confirmation	1st Communion	Reconciliation	
Hobbies, Interests, Skills	_____				
Previous Volunteer Experience	_____				
What types of volunteer work interests you?	_____				

Do you have access to an automobile you can use for volunteer work? If not, what type of transportation would you have available (parent/guardian, friend, bus, other)?

Applicant Signature _____	Print: _____	Date _____
Parent Signature (If volunteer under 18) _____	Date _____	

Registration Fees	\$20 / Person
PAYMENTS: Cash & Checks are accepted.	
Checks must be made to: St Sharbel Mission	

PLEASE TURN OVER TO COMPLETE OTHER SIDE OF REGISTRATION.

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 my son/daughter 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 St. Sharbel Mission, 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 my son/daughter is attending the Sunday School.

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

Parent Signature: _____ Date: _____

Person to contact in case of emergency _____

Relationship to person _____ Contact phone _____

Please make checks payable to St Sharbel Mission and mail registration form and payment to the following address:

Saint Sharbel Mission
P.O.BOX 33801
Raleigh, NC 27636

or hand it by hand to Mrs. Zena Chemali