

Eparchy of Saint Maron of Brooklyn

MYO REGISTRATION FORM

Participant's Name	Date of Birth	Date of Birth		
Home Address	City/Zip Code	City/Zip Code		
Participant's Email Address				
Participant's Phone Number	Grade	_ Age	Sex	
High School:	T-Shirt Size (circle):	S M	L XL 2XL	
Parent(s)/Guardian(s)	Cell Phone			
Emergency Contact:	Cell Phone			
CONSENT & WAIVER OF LIA	BILITY			
I (name of parent/guardian)		t permiss	ion for my child	
	to be registered in and to partic	ipate in t	he Maronite Youth	
Organization (MYO) at (parish name)		•		
parish, its pastor, youth ministry leader, principal, oth injuries, losses or claims arising out of my child's pauthorize the pastor or his designated representative which might become necessary, until either parent or COMMUNICATION CONSENT I also agree and give permission for the Pastor and	participation in the MYO or sponsored eve, to obtain and provide my child with any a r the emergency contact person can be rea	vents. I here and all med ached.	eby also consent and ical care or treatmen	
child with all organization-related communications. VIDEO/PHOTOGRAPHY CONSENT As parent/guardian, I understand that promotional pill give permission for my son's/daughter's picture to point, video etc.) in highlighting these events.	,	-		
TRANSPORTATION CONSENT As the parent/guardian of the child named above, I crelation to the event through walking, vans, buses, air and activities.	-	-		
In signing here, I agree to all that is herein and ce knowledge.	ertify that all information provided is true	and accura	ate to the best of my	
Signature (Parent/Guardian)	 Date			
YOUTH PARTICIPANT: In signing the line below I ag event/activity. Should I not be able to maintain the there will be consequences for my actions, with the p	guidelines and expectations of the adults	and my pe	ers, I understand tha	
Signature (Youth Participant)	 Date			