



**Maronite Youth Organization (MYO)  
Saint Anthony Maronite Church  
Lawrence, MA 01841**

**YOUTH INFORMATION**

NAME: \_\_\_\_\_ (CIRCLE ONE) M F AGE: \_\_\_\_\_

DATE OF BIRTH (month/day): \_\_\_\_\_ EMAIL: \_\_\_\_\_

CELL PHONE (Note: WhatsApp is required for Communication): \_\_\_\_\_

HIGH SCHOOL NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICAL ISSUES: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO YOUTH (circle one): FATHER MOTHER LEGAL GUARDIAN

EMAIL: \_\_\_\_\_ (← ALL PARENT COMMUNICATION WILL BE SENT BY EMAIL)

ARE YOU THE EMERGENCY CONTACT (circle one): YES NO

***PLEASE PROVIDE ALTERNATIVE EMERGENCY CONTACT IN CASE WE CANNOT REACH YOU:***

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO YOUTH: \_\_\_\_\_

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*I CERTIFY THAT MY CHILD HAS PERMISSION TO FULLY PARTICIPATE IN ALL EVENTS AND ACTIVITIES IN ASSOCIATION WITH ST. ANTHONY'S MYO.*

*I CERTIFY THAT I HAVE RECEIVED THE MYO LETTER TO PARENTS AND SCHEDULE OF EVENTS AND WILL SUPPORT MY CHILD TO FULLY PARTICIPATE IN ALL EVENTS AND ACTIVITIES IN ASSOCIATION WITH ST. ANTHONY'S MYO.*

*I CERTIFY THAT I WILL SUPPORT THE MYO ADVISORS IN THEIR EFFORT TO GATHER AND ENGAGE OUR YOUTH WITHIN THE CHURCH COMMUNITY.*

\_\_\_\_\_  
**SIGN NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINT NAME**