

# Summer Camp 2009 Registration

Registration fee: \$15.00

## CHILD'S INFORMATION:

Child's Name First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Any Allergies \_\_\_\_\_ Special Needs \_\_\_\_\_

Insurance info (If Available) \_\_\_\_\_ Policy # \_\_\_\_\_

## PARENTS INFORMATION:

**Father's First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ EMail \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Mother's First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

We the parents of the above named child hereby give my/our permission for his participation in the Summer camp Program at Masjid Ibad-ur-Rahman. I/we assume all risk and responsibility to his/her conduct of activities at the programs at Masjid Ibad-ur-Rahman. I/we hereby absolve indemnity and hold harmless Masjid Ibad-ur-Rahman and the organizers of these activities, sponsors, supervisors. In case of injury to my child, I /we hereby waive all claims against the organizers, the sponsors, the supervisors. I/we likewise release them from responsibility anyone transporting my child to and from the activities or to the doctor or hospital in case of injury. Lastly, I testify that I have explained to my child that he/she MUST be at his/her BEST behavior., Otherwise he/she may be expelled after three written warnings without any refund. NO EXCEPTIONS! Camp Fee per week is: \$35.00 per child or \$120.00 per month / child.

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Parent or Guardian Signature

Child's Signature

Masjid Ibad-Ur-Rahman