

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