

Summer Camp Registration Form



(One child per form; any altered form will be rejected)

7260 West 93rd St. Bridgeview, IL 60455.
(708) 598- 6307 www.mosquefoundation.org

Name: _____ Male Female
First Last

Date of Birth: ____/____/____ Father's Name: _____ Mother's Name: _____

Address: _____
Street Apt # City Zip Code

Home Phone: (____) _____ - _____ Cell Number: (____) _____ - _____ Email: _____

Emergency Contact Name/relationship: _____ Phone Number: (____) _____ - _____

Mosque Foundation Community Center (MFCC) WAIVER FORM

I, the undersigned, certify that I am an adult (I am not less than 18 years of age) and I am the parent / legal guardian of the child / participant to be enrolled in the MFCC and I agree to the following:

By enrolling the above member / participant with the MFCC, I certify that such individual / participant is in good physical and mental condition and is able to participate in all of the MFCC activities and said individual / participant has been examined by a licensed medical physician within one (1) year prior to enrolling or attending the MFCC. Said medical examination did not reveal any medical or physical condition that would prevent the child / participant from participating in any of the MFCC activities.

I agree to and will hold harmless the MFCC, its directors, officers, agents, employees, representatives, independent contractors, the owners of the property or real estate and the school where any activity is held, from any liability whatsoever and from any damages, losses, costs, medical expenses and from any other expenses. I agree to hold harmless each of them and I agree to release them from any liability in whole or in part for any accidents, illness, or injuries whether or not resulting in medical or dental expenses incurred from participation in this facility programs. I hereby release each of them from and against any and all damages, claims, costs, liabilities and injuries incurred while participating in any and all of the activities of the MFCC.

I agree to assume full and complete responsibility for any and all medical bills arising from said member's participation. In the event of any injury or emergency, I authorize the MFCC to exercise its judgment in treatment of said participant by any medical authority. I also give the MFCC my permission to dispense any prescription medication to my child that he/she may bring to the center, as well as use any photos of my child for promotional purpose.

Medical Examination and Clearance

(To be completed by adult participants or parent of minors)

Is there a known history of:

- | | | |
|--|------------------------------|-----------------------------|
| a) Birth deformities (one eye, one kidney, etc.) | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| b) Medical conditions currently under treatment | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| c) Pre-existing injury currently under treatment | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| d) Fractures or other disability type of injuries <input type="checkbox"/> | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| e) Allergy (drugs, food, asthma, etc.) | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| f) Mental Disorders or convulsions | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| g) Past illness of more than one week's duration | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| h) Contact lens <input type="checkbox"/> Glasses <input type="checkbox"/> | yes <input type="checkbox"/> | no <input type="checkbox"/> |

If you answered yes to any of the above questions, please explain: _____

By signing this release and agreement I acknowledge that I have carefully read, fully understand and agree to all of its terms. I hereby state that the MFCC is NOT responsible for any pre-existing injury or reoccurrence of any undisclosed injury or illness of the above individual prior to the first day of attending the MFCC facility. I execute this waiver voluntarily and with full knowledge of its significance to be binding on myself, my heirs, executors, administrators and assigns. I accept all terms stated above.

Signature: _____ Date: ____/____/____ Relationship to member: _____
Parent or legal guardian

Payment Information

Busy Bees: Summer Camp 7-12:

Payment Amount	Date	Remaining balance	Type of payment (cash or check only)	Received by
Registration fee: \$75/\$50		\$		
1 st payment:		\$		
2 nd payment:		\$		
3 rd payment:		\$		