



# The MAI Institute

## Registration Form - YOUTHS

Register for Program	<input type="checkbox"/> September Monday Class <input type="checkbox"/> Islamic Youth Camp	<input type="checkbox"/> September Saturday Class <input type="checkbox"/> Majlis Ul Ulamaa Event	
Child's Name 1		Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Name 2		Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Name 3		Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent's Name			
Cell Number		Number available on Whatsapp? <input type="checkbox"/> Yes	
Email Address			
<b>School Currently Attending</b>			
Child 1			
Child 2			
Child 3			
Mosque affiliated with & Imam's name (where applicable)			

Copy of Birth Paper attached

<b>Medical Information</b>					
	Medical Conditions	Allergies	Learning Disabilities	List all medication* child needs to have administered	Last tetanus shot date
Child 1					
Child 2					
Child 3					

Copy of current Immunization Card attached

By checking this box, in case of accident or illness, I hereby consent to the administration of aid and/or medication. I also consent for treatment by a physician or emergency department. I understand that I will be responsible for the cost of such treatment where applicable, for which I will be notified in advance through reasonable effort by personnel of the Institute.

Emergency Contact Information		
Primary Contact Name	Contact Number	Number available on Whatsapp? <input type="checkbox"/> Yes
Email Address		
Alternate Contact Name	Contact Number	Number available on Whatsapp? <input type="checkbox"/> Yes
Email Address		

Interests		
Child 1	Child 2	Child 3
<input type="checkbox"/> Sports: Outdoor / Xtreme <input type="checkbox"/> Indoor / Board Games <input type="checkbox"/> Technology / STEM activities <input type="checkbox"/> Meeting People / Social <input type="checkbox"/> Storytelling / Drama / Creative Writing <input type="checkbox"/> Graphic Arts / Music <input type="checkbox"/> Other	<input type="checkbox"/> Sports: Outdoor / Xtreme <input type="checkbox"/> Indoor / Board Games <input type="checkbox"/> Technology / STEM activities <input type="checkbox"/> Meeting People / Social <input type="checkbox"/> Storytelling / Drama / Creative Writing <input type="checkbox"/> Graphic Arts / Music <input type="checkbox"/> Other	<input type="checkbox"/> Sports: Outdoor / Xtreme <input type="checkbox"/> Indoor / Board Games <input type="checkbox"/> Technology / STEM activities <input type="checkbox"/> Meeting People / Social <input type="checkbox"/> Storytelling / Drama / Creative Writing <input type="checkbox"/> Graphic Arts / Music <input type="checkbox"/> Other

**Consent and Liability Release:** I, the parent/legal guardian of the participant(s) listed on this form, certify that he/she/each of them has my full approval to participate in this event and any associated off-site events. The participant identified on this form and I, the parent/legal guardian, understand that all participants are expected to abide by the event rules and be directly responsible to the event director/staff. I, the parent/legal guardian, will assume full responsibility for returning the participant to his/her home.

I, the parent/legal guardian, acknowledge and am aware that this event may involve hazards and risks, including those associated with the transportation of the participant to any activities (on-site and/or off-site) and back, for which I will be notified in advance, and for which I am prepared to accept on behalf of the participant. Accordingly, as part of my decision to allow the participant to attend this event and all associated activities, I hereby release the Markaz al Ihsaan (including its officers, employees, agents, assigns, and affiliates) from any and all liabilities with the respect to injury, sickness, disease, death, or damage as a result of participation in this event and all associated activities. This release applies to any and all liabilities to me, the participant, either of our estates of any type or description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind.

My consent and signature, as parent/legal guardian, are given below. I have read and agree to the information given in its entirety on this form.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Administrative Officer: \_\_\_\_\_ Date: \_\_\_\_\_