

10th Annual MAH Summer Day Camp: July 23-27th 2018

Located at Hamilton Mosque (1545 Stone Church Rd) AGES 5-13

Mon-Fri 9am-4pm Extended hours 8:30-5:30 \$5/30 min or \$50/week

1 week: \$115 per child \$105 per additional sibling

Bring forms & payment to Br. Zafar Pasha Mon.-Thurs. 5:30PM-10:30PM, Friday 12:00PM-6:00PM

For additional information, please contact: Amna Tallat (289) 925-7923 or Eden Minhas (289) 700-8575

Personal Information Child #1:

LAST NAME _____ FIRST NAME _____

GENDER: M F

DOB (M/D/Y) : _____/_____/_____ AGE AS OF July 1st 2018: _____

HOME PHONE#: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

Father/Guardian

Name: _____ Work # _____ Cell# _____

Mother/Guardian

Name: _____ Work# _____ Cell# _____

Please list 2 other people other than parents in case of emergency or illness.

Name: _____ Number: _____ Relation: _____

Name: _____ Number: _____ Relation: _____

MEDICAL INFORMATION:

Name of Family Doctor: _____

Family Doctor Phone #: _____

Health Card #: _____

Allergies: _____

Are there any medication/puffers that will be brought to camp? Yes N - If yes, please explain:

Are there any other medical concerns:

I affirm that the information that I have given is accurate/correct.

Parent/Guardian

Signature: _____ Date: _____

Parent email address:

Personal Information Child #2:

LAST NAME _____ FIRST NAME _____

GENDER: M F

DOB (M/D/Y) : _____/_____/_____ AGE AS OF July 1st 2018: _____

HOME PHONE#: _____

Address same as above: Yes No. If no please record information on the line below.

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MEDICAL INFORMATION:

Name of Family Doctor: _____ Phone

#: _____

Health Card #: _____

Allergies: _____

Are there any medication/puffers that will be brought to camp? Yes N - If yes, please explain:

Are there any other medical concerns:

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Personal Information Child #3:

LAST NAME _____ FIRST NAME _____

GENDER: M F

DOB (M/D/Y) : _____/_____/_____ AGE AS OF July 1st 2018: _____

HOME PHONE#: _____

Address same as above: Yes No. If no please record information on the line below.

MEDICAL INFORMATION:

Name of Family Doctor: _____ Phone #: _____

Health Card #: _____

Allergies: _____

Are there any medication/puffers that will be brought to camp? Yes N - If yes, please explain:

Are there any other medical concerns:

Waiver and Release of all Claims (for the MAH Summer Day Camp)

Please read this form carefully. When you sign this form you waive and release all claims for injuries your child(ren) might sustain arising out of their use of the facilities and participation in the activities and programs at the MAH Summer Day Camp, and the Hamilton Mosque.

Acknowledge risk of injury: As a participant in the activities or programs at The Summer Day Camp and the Hamilton Mosque, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which my child(ren) may sustain as a result of participation or use of such facilities, activities or programs onsite or offsite (including Christie Lake and Splitsville). Such activities may include sports, educational outings, field trips, and hikes.

Waive, Release & Indemnify: I hereby waive, release and discharge any and all claims I may have or may acquire against The Summer Day Camp and the Hamilton Mosque, The Muslim Association of Hamilton (MAH), its officers, agents, volunteers and employees as a result of my or my child(ren)'s participation in the activities and programs onsite or offsite of The Summer Day Camp and the Hamilton Mosque; and I agree to indemnify and hold harmless The Summer Day Camp and the Hamilton Mosque, The Muslim Association of Hamilton (MAH) its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages, and losses, including death, sustained while I or my child are in the Summer Day Camp and the Hamilton Mosque or on its property, or offsite, using its facilities, except for willful and wanton misconduct by The Summer Day Camp and the Hamilton Mosque and its authorized personnel.

I have read and fully understand the above Waiver and Release of all Claims Form.

Signature of Parent: _____

Child(ren)'s name(s): _____

Date: _____

Signature below authorizes The Summer Day Camp to transport your child to field trips and secure emergency medical transportation for your child(ren). This form does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental treatment, as each emergency facility sets their own treatment procedures. Please sign below if you grant The Summer Day Camp and the Hamilton Mosque/The Muslim Association of Hamilton, permission to transport your child(ren) for field trips and emergency care.

Signature of Parent

Date

OFFICE USE ONLY	Notes:
Registration Fees: Check/circle appropriate areas <input type="checkbox"/> \$115 x 1 <input type="checkbox"/> \$105 x 1 x 2 x 3 <input type="checkbox"/> \$	

<input type="checkbox"/> \$50.00 extended care for the week 8:30am to 5:30pm <input type="checkbox"/> Cash <input type="checkbox"/> Credit (Visa/Debit/MC at MAH accountant's office only) <input type="checkbox"/> Cheque payable to <u>Muslim Association of Hamilton</u> Total: <input type="checkbox"/> \$115 <input type="checkbox"/> \$220 <input type="checkbox"/> \$325 <input type="checkbox"/> \$ 430 Paid <input type="checkbox"/> _____ _____ Parent Signature <u>Payment Received By</u> Date	
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RESPONSIBILITY FOR PROPERTY LOSS OR DAMAGE

For: MAH Summer Day Camp 2018

Location: The Hamilton Mosque 1545 Stone Church Rd. East.

I understand that The Hamilton Mosque is a place of learning and worship and its use must be done with care and responsibility.

I, _____ assume responsibility for all losses or property damage due to my child(ren)'s acts of carelessness, vandalism, theft, or arson, and not by an accidental act. I am responsible to replace items, equipment, or supplies as a result. I am financially responsible to ensure that any losses or property damages will be covered. I understand all that is written below.

Definitions:

- A. **Careless act:** An unthinking, neglectful, or reckless act that results in damage or loss.
- B. **Malicious act (vandalism):** An act that results in willful physical damage to or destruction of property
- C. **Theft:** Taking of property without the owner's consent.
- D. **Arson:** Malicious burning or setting of fires.
- E. **Accident:** An event that occurs by chance and not through the carelessness or malicious act of any person.

Date: _____

Child(ren)'s Name(s): _____

Parent Signature: _____