



--

REGISTRATION FORM

Participant's Information – Please Print Clearly

Last Name	First Name	M/F	AGE	Birth Date	Health Card #

Allergies / Medical Conditions: _____

Guardian's Information

Fathers Name		Mother's Name	
Home Phone	Cell Phone	Email	
In Case Of Emergency	Contact Name		Telephone No

AS Parent/guardian of the child registered above, I (we) understand and agree that _____ and the Pearls of Paradise, its volunteers, organisers and sponsors, while taking reasonable precautions to ensure the safety of the students, will not be held liable by me (us) in the event of personal injury or accident caused to the children while he/she is at Children's Program at the Masjid at the time of _____

Signature of parent/guardian

Parent/Guardian name (please print) Date

FOR OFFICE USE ONLY			
Accepted By :	Time In	Time Out	Signature of parent/guardian