

Masjid At-Taqwa Summer Youth Camp 2012

Registration Form - Venue: Epworth Retreat & Recreation Centre, 116

Date - February 17-19th - 2012

Finlay Rd, Cambridge.

Personal Details

Name: (last) _____ first) _____ Age: _____

Address: (Street # & Name) _____ Town/City: _____

Phone: _____ Mobile: _____ Email: _____

Parent/Guardian Contact Details (if aged under 18):

Name	_____
Address	_____
Phone	_____
Relationship	_____

Health Information

Doctor's/Clinic Name: _____ Phone: _____

If any of the following applies to you, please tick for yes and cross for no and explain.

Use back of this form or additional paper for explanation if necessary.

() Allergies (if yes please explain)

() Diabetes

() Asthma

() Other: _____

Any recent illness or operation? If yes, please explain: _____

Are you under care of a doctor or medical personnel? If yes, please explain: _____

Are you taking any medication? If yes, please explain: _____

At-Taqwa Youth Camp organizers are not equipped to care for children on special medical, emotional, disciplinary or educational needs. If the above named is receiving or is in need of more than normal supervision, the care-givers contacts details are required. Camp organisers must be notified of this prior to registering for the camp.

Declaration

The Attachment "A" is part of registration. Please ensure that you read and understand the camp conditions and observe it at all times. Providing misleading and/or incorrect information and declaration is unislamic and will invalidate the registration and forfeit the camp fee.

I declare that the information provided above is true and correct and that I have read the camp conditions in Attachment "A" and agree to abide by it at all times.

Camp fee \$60.00

Payment enclosed: Yes/No

Payment method:

Cash/Cheque/Online

Reference: your name | Particulars: camp'12

BNZ Manukau Branch # 02-0191-0043002-03

Signature of Participant _____

Date _____

Declaration- Child 14-17years (Child between 8-14years has to be accompanied by parent)

I/We hereby give permission for my child(ren) to participate in the Youth Camp activities, including participation in water activities. I/We understand that the well-being and safety of my child(ren) are of utmost importance to the camp organisers, and we hereby release them of all liability in case of accident or injury during the camp.

Signature of Parent(s)/Guardian _____

Date _____

Office Use Only

Date form received:

Received by:

Payment method:

Form Status:

Payment: Y/N

Medical Requirements: Y/N

Registration: Accepted/Declined

If declined, reason:

Return completed registration form to the camp organisers by Sunday 12th Feb 2012. Forms received after this date will not be considered. Organisers reserve the right to make decision/s on all matters relating to registration and the camp. Send registration form via: email: youth@masjidattaqwa.co.nz | fax: 09 2777108 | P O Box 276044 Manukau City | Manukau 2241.