



Aisha Manzoor  
40 Sayles Hill Road  
N. Smithfield, RI 02896  
P: 401-225-1358  
E-mail: manzooro@gmail.com

Please fill out information with \$125 applicant fee **per child** and send by either  
US mail or email to the above address

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Parent(s)/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_

Member ID: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Comments: \_\_\_\_\_

I prefer to receive camp communication through (circle one):

E-mail

Telephone

Letter sent with child

As parent/guardian of \_\_\_\_\_, I acknowledge the following agreement:

Camper and I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I or Camper may have, or which may hereafter accrue to me, as a result of my child's participation in Masjid Al-Islam's camp activities.

I further agree to indemnify, defend, and hold harmless Masjid Al-Islam Summer Camp and all camp personnel in the event any other person or entity, other than the undersigned, brings an action for personal injuries of Camper as a result of Camper's participation in Camp's activities.

IN NO EVENT SHALL MASJID AL-ISLAM SUMMER CAMP OR CAMP PERSONNEL BE LIABLE TO CAMPER OR ANY INDIVIDUAL OR ENTITY FOR ANY UNFORESEEABLE, INDIRECT, INCIDENTAL, PUNITIVE, CONSEQUENTIAL OR SPECIAL DAMAGES, INCLUDING WITHOUT LIMITATION, ANY LOSS OF REVENUES OR LOSS OF PROFITS.

You agree to advise camp personnel where you can be contacted in the event of an emergency. As parent/guardian of Camper, it is your responsibility to provide accurate contact information for you and an emergency contact(s) at all times.

In case of medical and/or surgical emergency, you authorize Masjid Al-Islam's Summer Camp's staff to render to Camper and to arrange for Camper to receive medical and hospital care which is deemed advisable by and is rendered under, the supervision of any physician, dentist, surgeon or other medical provider licensed to practice in the state of RI. Masjid Al-Islam Summer Camp will not be financially responsible for any costs or expenses associated with any medical treatments.

I authorize Camper to participate in group transportation, including by bus and/or carpool, as arranged by Masjid Al-Islam Summer Camp Personnel when such transportation will facilitate Camper's participation in Camp field trips.

I understand that during the course of Camper's participation in Masjid Al-Islam Summer Camp activities, Camper may have his/her quote, statement, attribution, picture, photograph, or likeness recorded ("Material"), and Camper and I hereby grant to Camp and Camp Personnel the world-wide, perpetual, and irrevocable right to use Material whether created by Camp Personnel.

I expressly permit Camper to engage in all prescribed camp activities, except as noted by me in writing and the examining physician.

This Consent Form contains the entire agreement of the parties and there are no oral or written representations, understandings or agreements between the parties respecting the subject matter hereof that are not fully expressed herein. This Consent Form may be modified only by a written amendment executed by the parties.

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

Print Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_