



QURAN WEEKEND SCHOOL

Participant **MUST** fill this form and sign the liability waiver in order to be admitted to the class.

Participant Name	First	Last	
	Date of Birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian	Father	Mother	
Mailing Address			
	City	State	Zip
Phone	Office		
Cellular	Pager		
Email	Email		
Participant Quran Experience			
Weekly Schedule	Saturday 9:00 am to 1:30pm & Sundays 11:00 am to 1:00pm		
Monthly Fees	<input type="checkbox"/> 1st Child (\$150) <input type="checkbox"/> 2nd Child (\$130) <input type="checkbox"/> 3rd Child (\$110)		
Liability Waiver	<p>I, the undersigned, applicant or guardian of an applicant to Quran weekend school, understand and acknowledge that the Quran weekend school carries no insurance against injury to any of its students.</p> <p>As a condition to, and in consideration of, the privilege of being admitted as a student to the class, I hereby agree and promise to assume risk and responsibility for any and all injuries, or damages due to injuries, suffered by me or caused by third parties to me, arising out of participation in activities involved, whether classes, demonstrations, practices, or any other use of the premises, facilities, or equipment of ICBR, whether occurring on the premises of the center or at any other location.</p> <p>I hereby release, indemnify, and forever discharge and hold harmless the Islamic Center of Boca Raton (ICBR), its Directors, employees, students, volunteers and patron, from any and all responsibility, liability, claims for personal injury, legal actions or suits, damages or losses of any kind or description, both at law or in equity, arising out of, or in any way connected with, any of the above-mentioned acts and activities.</p> <p>I hereby agree and covenant myself, and my successor and assigns, never to sue, either at law or in equity, ICBR its directors, employees, students, volunteers and patron, on account of any such claim, liability, damage, injury, or loss.</p>		
Signature			

Office Use Only	Total Monthly Fee: \$ _____		
	Payment Method:		
	<input type="checkbox"/> Cash: \$ _____		
	<input type="checkbox"/> Check: \$ _____ Check No.: _____		
<input type="checkbox"/> Credit Card (<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express)			
Credit Card No: _____ Exp Date: ____/____			
Received by: _____		Date: _____	