



In the name of ALLAH, most gracious most merciful
ISLAMIC CENTER OF BOCA RATON

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Summer Camp 2017 Registration & Waiver Form

Parent or Guardian **MUST** fill this form and sign the liability waiver in order for a child to be admitted to the camp.

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	
Father Contact	Email	Cell	Home/Work	
Mother Contact	Email	Cell	Home/Work	
Medical History	Allergies		Medication Taken	
	Medical Concerns		Child's Physician Name & phone	

Liability Waiver	<p>I, the undersigned, parent or guardian of an applicant to ICBR Summer Camp, understand and acknowledge that ICBR summer camp 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 my child or caused by third parties to my child, arising out of participation in any of the summer camp activities, whether classes, , 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. Registration fees are non-refundable.</p>
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Parent/Guardian Signature	IN WITNESS WHEREOF, I have set my hand and seal to this document which I intend to be a legally binding document, on the day & year below written and understand it fully. <u>Tuition does not include the cost of field trips.</u>	
		Date

Office Use Only	<input type="checkbox"/> Week 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Week 3 <input type="checkbox"/> Week 4
	-No discounts are given for missed days -No partial payments are accepted. -Fees are due on Mondays prior to dropping the children
	Payment Method: <input type="checkbox"/> Cash: \$ _____ Reg. Fee \$ _____ Bal. due for Week 1 \$ _____
	<input type="checkbox"/> Check: \$ _____ No.: _____ Free Tshirt _____ Bal. to be paid Weekly \$ _____
	<input type="checkbox"/> Credit Card: □□□□ □□□□ □□□□ □□□□ □□/□□ <input type="checkbox"/> One time <input type="checkbox"/> Bill weekly for 4 weeks