

The Islamic Center of Greater Cincinnati

Registration Form for Activities (Release & Authorization)

ACTIVITY: Boys & Dads Club 2016-2017 School Year meetings and events

Fee/Donation Enclosed (if applicable) \$ _____ () Check Number: _____ () Cash
Please make checks payable to: IEC. Please write the activity type in "Memo" area on your check.

ATTENDEE NAME: _____ AGE: _____

Street Address: _____

Cell Phone: _____ Email: _____

MINOR INFO (required to complete if participant is under age 16):

Gender: Male / Female (circle one)

Father: _____ Mother: _____

Father's phone: _____ Mother's phone: _____

EMERGENCY MEDICAL INFORMATION

IN CASE OF EMERGENCY, PLEASE CONTACT:

Parent agrees to notify the office if their contact information changes, so that we can update our records to ensure we have accurate emergency information on file.

Name: _____ Emergency Phone: _____

Medical Insurance Company: _____ Policy Number: _____

Known allergies or other pertinent medical information: _____

RELEASE

I hereby acknowledge that I intend to participate in the ICGC activity above. I am aware that this activity has risks of loss, physical injury and even death and I am voluntarily participating in this activity with knowledge of those risks. I hereby release and discharge ICGC, its directors, officers, members, agents representative, employees, instructors, volunteers, successors and assignees from any claim I now have or may hereafter have resulting from my use of the ICGC facilities and equipment. To the fullest extent permitted by law, I agree to defend, indemnify and hold harmless ICGC, its directors, officers, members, agents, representative, employees, instructors, volunteers, successors and assignees, for and against any and all claims, demands, actions, losses and expenses of every kind in any way arising out of my activities under this release. I further acknowledge there are no warranties, express or implied, concerning the facilities, equipment or activities at ICGC.

AUTHORIZATION

Furthermore, in case of injury, if I cannot be reached within a reasonable time, I authorize ICGC, and/or its agents or volunteers to obtain necessary medical treatment for my child (if under 18). I also assume the financial responsibility for any medical treatment for my child.

Participant Name PRINTED: _____

Signature of Participant (or Parent, if under age 16): _____ Date: _____