

**Islamic Center of Northern Virginia Trust (ICNVT)
2010 -- Summer Camp Registration Form**

Please fill out the following information completely:

Student Name: _____

Home Address: _____

Age: _____ Gender: _____

School Grade: _____

Father/ Mother/Guardian Name: _____

Home Phone: _____ Work Phone: _____

E mail: _____

Class: _____
Fee: \$ _____ Cash
Field Trip: \$ _____ Check
Before/After Hours Child
Care _____ (\$2/hr)

Parents/Guardian Signature: _____ Date: _____

2010-- Summer Camp Liability Waiver Form

As the parent/legal guardian of the minor(s), I hereby grant permission for the student(s) to participate in Islamic Center of Northern Virginia Trust (ICNVT) Summer Camp's all activities including field trips. I assume full responsibility for an/ally injuries or damages which may occur to these student(s), in, on, or about the premises of the said school, or arising out of its activities, and do hereby fully and forever release and discharge ICNVT, its Trustees, its Summer Camp and all associated with it, including teachers, administrators, and volunteers, from any and all claims, demands, rights of action, or causes of action, present or future, whether same, be known, anticipated or unanticipated, resulting from or arising out of the student(s) participation in the programs and activities of the aforesaid school. I further grant permission to provide emergency first-aid and/or hospitalization to the student(s) in case of injury or illness as deemed appropriate by the school administration or a physician. I assume full responsibility for all medical expenses incurred for the treatment.

Parent/Guardian Signature

Date

Emergency Contact Information:

Contact: _____

Phone #: _____

Allergies: _____

Medication: _____

Medical Insurance Co.: _____

Policy #: _____

Doctor's Name: _____

Phone #: _____

More information call (703) 591-0999 or e-mail: mmfarooq@icnvt.org

ICNVT
2010 -- Summer Camp

Terms and Conditions

- _____ (initial) I understand that upon enrollment, I am required to provide proof of my child's identity and age, as well as a passport size photograph to the school. A letter of health for the child, signed by a doctor or their elementary school, is required upon admission.
- _____ (initial) I further understand that this application will not make me eligible for an available space until the summer camp and activities fee is cashed.
- _____ (initial) I understand that my obligation to pay the fee of \$ **300** per child, for the entire summer camp period, is unconditional and that **no portion** of the fee paid or outstanding balance **will be refunded/waived or canceled** in the event of absence, withdrawal or dismissal from the ICNVT Early Learning Program of the above student. I can either complete a credit card authorization form that will allow a debit of \$_____, or I can provide the office with a check in the amount agreed upon above.
- _____ (initial) I further understand that the child care program is conducted and billed separately from the summer camp program, at a cost of \$2 per hour for pre-registration and \$3/hr on site. Child care billing will be done in half-hour increments, based upon my usage. I will be provided weekly bills, whose payment will be due within 24 hours. Failure to make payments can result in child care services denial.
- _____ (initial) I understand that in signing this Enrollment Agreement for the summer camp period, I agree that the program makes all policies regarding operation and education matters, and the rules concerning payment of fee as stated above.
- _____ (initial) Unless notified in writing, I understand that the school may use my child's picture or his or her likeness in its brochure and advertising materials without any monetary compensation.
- _____ (initial) I hereby give permission to the ICNVT Summer Camp organizers to seek emergency medical treatment for my child (ren) in case I can't be contacted. I assume responsibility of all medical expenses for such treatment.

Parent/ Guardian Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____