



MAS Youth of DC at Dar Al-Hijrah Islamic Center
MAS Youth Health, Education, Activism & Tarbiyah (MY H.E.A.T.)
SUMMER DAY CAMP – REGISTRATION FORM 2008

PHONE: (703) 531-2908 **FAX:** (703) 536-1035 **WEB:** WWW.MASDC.ORG **EMAIL:** YOUTH@MASDC.ORG
 (Please Print | *ALL FIELDS ARE REQUIRED* | ONE Application Form Per Child)

Today's Date: _____ Program Starts July 7, 2008 & Ends August 14, 2008 | From 10AM to 3PM

YOUTH INFORMATION

Youth's Last Name:	First:	Middle:	Fees* (Circle One)
			First (\$275) Second (\$225)
			Third (\$175) Other (\$125)
*NOT including field trips!			

Age Group:	Application Status:	Birth Date:	Age:	Sex:
<input type="checkbox"/> 04 – 06 <input type="checkbox"/> 07 – 09 <input type="checkbox"/> 10 – 13 <input type="checkbox"/> 14 – 17	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid <input type="checkbox"/> Sponsored	/ /		<input type="checkbox"/> M <input type="checkbox"/> F

Street address:	Mobile Phone No.:	Home Phone No.:
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P.O. Box:	City:	State:	ZIP Code:

PARENT INFORMATION

Parent's Last Name:	First:	Middle:

Occupation:	Email Address:	Mobile Phone No.:	Work Phone No.:
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How did you know about the MAS Youth HEAT Summer Day Camp Program? (please check one box):

Friend Flyer Email Website Banner Other _____

YOUTH MEDICAL INFORMATION

(Please fill this section accurately, carefully and in detail – If the question does not apply, simply print "N/A")

Medication:	Allergies:	Special Needs / Restrictions:

Is the registrant covered by insurance? Yes No

Please indicate primary insurance Medicaid Welfare Insurance

Name of Insurance Company:	Policy Number:	Group Number:	Birth date:	Co-payment:
			/ /	\$

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to Registrant:	Home Phone No.:	Mobile/Work Phone No.:
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I *affirm* that the above information is **complete** and **true** to the best of my knowledge. I verify and agree that my child must abide by the rules of the program and must participate fully in the program. I *understand* that **MAS Youth at Dar Al-Hijrah** reserves the right to request any participant to leave the program and the premises when a participant's conduct is determined to be disruptive to the program and fellow registrants. I *understand* that the organizing institutions, administration, their officials, and staff are not responsible for any injuries or loss of property that may occur. In the case of an emergency where I cannot be contacted, I *authorize* the administration to seek medical attention and/or administer any needed emergency procedures for the registrant. I also *authorize* my insurance information to be used and I authorize the Muslim American Society Youth of DC at Dar Al-Hijrah Islamic Center or the insurance company to release any information required to process the claim. In such a case, I *understand* that I am financially responsible for any due balance.

Patient/Guardian signature

Date