

## Muslim Community Center Summer Camp Registration

15200 New Hampshire Ave,  
Silver Spring, MD 20905  
Phone: 240-644-3195  
Email: [jewelssamsu@hotmail.com](mailto:jewelssamsu@hotmail.com)

**Student #1:** \_\_\_\_\_ Boy  Girl   
Grade: \_\_\_\_\_ Age at time of Camp: \_\_\_\_\_

**Student #2:** \_\_\_\_\_ Boy  Girl   
Grade: \_\_\_\_\_ Age at time of Camp: \_\_\_\_\_

**Student #3:** \_\_\_\_\_ Boy  Girl   
Grade: \_\_\_\_\_ Age at time of Camp: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Special Health Concerns: \_\_\_\_\_

Please Check Session

\_\_\_\_\_ **Session 1: June 22 – July 3, 2009 (2 weeks) \$200/child**

\_\_\_\_\_ **Session 2: July 6 – July 17, 2009 (2 weeks) \$200/child**

\_\_\_\_\_ **Session 3: July 20 – July 31, 2009 (2 week) \$200/child**

\_\_\_\_\_ **Register my child for 6 weeks of Tahfiz Quran program \$300/child**

Please mail check along with Registration to:

MCC Summer Camp 15200 New Hampshire Ave. Silver Spring, MD 20905

**Muslim Community Center Summer Camp Waiver**  
**15200 New Hampshire Ave**  
**Silver Spring, MD 20905**

**WAIVER**

As the parent/guardian of the applicant, I hereby grant permission for my child(ren) listed below to participate in the summer camp at Muslim Community Center (MCC) and represent they are physically able to participate in camp activities. In consideration of the applicant's being allowed to participate in the camp, thereby release the camp, MCC, its employees, and officers from all claims resulting from illness, injuries or other damage which may be sustained by the child during attendance at the camp. I furthermore agree and promise that we will not hold MCC or any of the above parties responsible in this respect. This waiver of liability expressly includes transportation to, from or in connection with such camp. In the event of illness or injury, we hereby authorize the staff members of the camp to obtain assistance from doctors, nurses or athletic trainers for medical, surgical or any other appropriate treatment for the above mentioned child.

Name of Participant #1 \_\_\_\_\_

Name of Participant #2 \_\_\_\_\_

Name of Participant #2 \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

Parent/guardian's name (please print) \_\_\_\_\_

Daytime phone number \_\_\_\_\_

In case of emergency and parents cannot be reached, please notify

Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Signature of parent/guardian Date \_\_\_\_\_