

ISLAMIC SOCIETY OF WASHINGTON AREA
2701 Briggs Chaney Road
Silver Spring, MD 20905
(301) 879-0930 FAX: (301) 585-5765
WEB: www.iswamd.org

ACTIVITY FORM

Please complete this form and submit to ISWA. All information on this form is not shared except with members of the Executive Board and/or Youth Committee for the purpose of this application only.

Parent's Authorization

I authorize my child named below to attend the event listed below at ISWA. I understand that in the case of sports activities or outdoor activities there could be a possibility that my minor may be injured. I hereby authorize an adult, in whose care the minor has been entrusted, to contact medical emergency professionals in the case of any medical emergencies involving the minor above and to consent to any medical, surgical, or dental diagnosis or treatment required, or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named youth pursuant to this authorization.

In cases of field trips and/or off-premises activities, I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this activity.

I further understand that is this is a community service activity for youth, that ISWA does NOT check volunteer driving records. Furthermore I agree to NOT hold ISWA, any of its board members, employees, volunteers, directors, agents or members liable for any negative experiences, issues, problems, mishaps, accidents, injuries or any other reasons.

A. Child's Information (Completed by Parent/Guardian)

First Name	Last Name	Address (City, State, Zip)
Emergency Telephone	Alternative Telephone	E-mail Address of Parents
Health Concerns/Diets Restrictions/Allergies		Today's Date
Activity Details (Completed by ISWA Program Organizer)		

Please release **YES** **NO** (Please note that there is no compensation for use of photos)

B. Authorizations and Signatures

Parent/Guardian Sign Below: By Signing, I certify that the information I submitted is accurate and truthful, and that I agree to the disclaimer, requirements and all terms and conditions in this form. I further agree to release ISWA its board members, officers, employees, and agents and any donors to funding this activities from any claims, demands of action I may have against ISWA related to this activity. I further certify that I read and understand all instructions above.

Signature:

Date:

PRINT NAME

RELATIONSHIP TO CHILD