



ICGC KIDS QURAN RECITATION PROGRAM Registration Form



Child Name: _____ Age _____ Fee \$ _____

Parent's Name: _____ **Total \$** _____

Parent's Home Phone: _____

Parent's Cell Phone: _____

Email Address: _____

Session 14: SEPTEMBER 26-NOVEMBER 2, 2016

Day and Time: Mon & Wed - 5:00-6:30pm (Fridays 5-6:30 is make up day)

FEE: \$75 first child, \$50 each additional child, per 6-week session
(Make check payable to IEC)

Cash _____ Check _____ Credit Card _____ (fill out box below)

CREDIT CARD AUTHORIZATION

Name on Credit Card: _____

Expiration Date: _____ / _____

Credit Card #: _____

3-digit from back of card: _____

Signature: _____ Date: _____

5-digit billing zip code: _____

MEDICAL RELEASE, PHOTO RELEASE & PERMISSION FORM

Primary Medical Insurance Company: _____ Policy Number: _____

Known allergies or other pertinent medical information: _____

Recognizing the possibility of physical injury associated with physical activity and in consideration for ICGC accepting the registrant for its Quran programs, I hereby release, discharge and/or otherwise indemnify ICGC, its employees and associated personnel, including the owners of fields and facilities utilized for ICGC Quran programs, against any claim by or on behalf of the registrant's participation in for ICGC Quran programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant ICGC and/or Nehad Omara, Quran Program Organizer permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Photo Release: To help share the wonderful experiences during Quran class Photos may be taken during class to use in the Community News and Announcements. To opt-out please check here and notify Nehad Omara, Program Organizer:

Signature of Parent/Guardian: _____ **Date:** _____