



ICS Weekend School Registration & Release Form 2017-2018

Parent's Name: _____

1st Child's Name: _____

2nd Child's Name: _____

3rd Child's Name: _____

Address: _____

Cell Number 1: _____

Cell Number 2: _____

Complete Emergency contacts if different from above:

In case of Emergency Contact: _____

Emergency Contact Number: _____

Allergies, Food Allergies, physical ailments, any abnormalities we should be aware of, etc:

I hereby accept any and all responsibility for and assume the risk of any and all injury or damage to my person or dependent child/ren which might arise directly or indirectly as a result of, and a participation in the ICS program including from the food that may be served to my child/ren at the ICS event. I hereby expressly release discharge, and hold harmless from any liability whatsoever the Islamic Center of Southlake (ICS) and all its Board Members, Equity Holders, Employees in their capacities as representatives of the ICS.

I further certify I am familiar with the contents of this release. I have read and understand and it is my intention that by signing this that the same be binding on me and my heirs, administrators, executors and assignees.

Signed by parent or legal guardian

Date

Annual Fee: \$200 per child