



# Waterloo Masjid

Muslim Society of Waterloo & Wellington Counties

info@waterloomasjid.com | www.waterloomasjid.com

## Waterloo Masjid Islamic School (Evening & Sunday Classes)

### Registration Form: 2009 – 2010

	Child 1	Child 2	Child 3
Full Name			
	M / F	M / F	M / F
Date of Birth			
Age			
OHIP No.			
Family Physician			
Previous Level attended at Masjid & Teacher's Name			
New Student (Please List any Islamic Education Received)			

Parent Guardian's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

\_\_\_\_\_

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

#### Emergency Contact:

1. Name:	Phone:
2. Name:	Phone:

Total Fee: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Limit of Liability/Disclaimer: As a condition of participation in any Waterloo Masjid activity, I agree to assume the risk of injury for my children, arising from use of the facilities, programs, and equipment. I hereby release and hold the Muslim Society of Waterloo & Wellington Counties and its officers, Board, employees, agents, volunteers, and contractors, harmless from all claims of injury or damage, however it may be caused.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_