



ICGC KIDS QURAN RECITATION PROGRAM Registration Form



Child Name: _____ Age _____ Fee \$ _____

Child Name: _____ Age _____ Fee \$ _____

Child Name: _____ Age _____ Fee \$ _____

Parent's Name: _____ Total \$ _____

Parent's Home Phone: _____

Parent's Cell Phone: _____

Email Address: _____

Session 3: March 6 – April 15, 2015 (6 weeks)

Day and Time: Mon & Wed - 5:00-6:30pm Make up Day: Friday 5:00-6:30pm

FEE - \$75 first child, \$50 each additional child, per 6-week session

(Make check payable to IEC)

Cash _____ Check _____ Automatic Deduction _____

AUTOMATIC DEDUCTION AUTHORIZATION

I/We hereby authorize Islamic Educational Council, hereinafter referred to as ORGANIZATION, to initiate debit entries to my account indicated below and at the financial institution named below, hereinafter referred to as DEPOSITORY, to debit the same to such account.

Bank Name: _____

Routing and Transit Number (from the bottom of your checks) _____

Full Name: _____ Signature: _____ Date: _____

CREDIT CARD AUTHORIZATION

Name on Credit Card: _____

Credit Card #: _____ Expiry Date: _____

Full Name: _____ Signature: _____ Date: _____

MEDICAL 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 _____ 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.

Signature of Parent/guardian: _____ Date: _____