Apex Mosque Sport Activites

REGISTERATION FORM

# Child First Name: Last Name:

# Address:

**Town: State: Zip:**

# Date of Birth: Age: Male: Female:

 [Month/Day/Year]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent’s Name:** |  | **Work Phone #:** |  | **Cell Phone #:** |  |
| **Emergency Contact:** |  | **Phone #:** |  |

### IMPORTANT

I, the parent/guardian of the registrant allow my child to participate in Apex Mosque indoor and outdoor sport activities, and agree that I and registrant will abide by the rules and regulations of Apex Mosque sport activities. Recognizing the possibility of physical injury associated with physical activities and in consideration for the Apex Mosque accepting the registrant for its sport programs. I hereby release, discharge Apex Mosque, its employees, and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the child’s participation in the sport programs including, without limitation, child’s transportation to/from any program, which transportation is hereby authorized. I further grant Apex Mosque the right to use the child’s name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the child’s status as a participant in the Programs.

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent’s Name

# Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent/Legal Guardian

# Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*\* There is $5 fee for this application.