

Islamic Center of Lawrence Sunday School

1917 Naismith Dr.

Lawrence, Ks 66046

Tel: 785-749-1638

<http://www.islamiccenterlawrence.org>

Student Registration

Academic Year

Last Name	First Name	Age	Gender	Allergies	Fee

Request for fee waiver (circle one): [yes] or [no]

Father's Name: _____ Mother's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ () _____ () _____
(Home) (Work) (Cell)

E-Mail Address for school and PTA use: _____

Emergency Contact Person: _____

Relation To Student: _____ Phone: () _____

Names of Persons, other than Parents, to whom the Student may be released:

AUTHORIZATION & WAIVER:

I desire my child to participate in Islamic Sunday School at the Islamic Center of Lawrence and all activities related as such. Unless I advise you otherwise in writing, to the best of my knowledge, my child is in good health. I grant Islamic Center of Lawrence Sunday School/Islamic Center of Lawrence staff/board members/ teachers and parent volunteers to use their judgment in obtaining and providing emergency medical care deemed necessary to protect the health and safety of the above name child, a member of my family at my expense. This care may include but is not limited to placing him/her under care of a doctor or hospital. I hereby release, hold harmless, and indemnify Islamic Center of Lawrence/Islamic Sunday School and its organizers or agents, either in their individual capacities or by reason of their relationship with Islamic Center of Lawrence/Islamic Sunday School from all responsibility, liability, or claims of any nature whatsoever for loss, damage, or injury due to any cause whatsoever to me (if over 18 years old) or to my family members (below 18 years) attending Islamic Sunday School. I give permission to Islamic Center of Lawrence Sunday Islamic School to secure emergency medical and/or emergency surgical treatment for the above named minor child while in their care. Any damage occurred by the child to the property of Islamic Center of Lawrence will be the full responsibility of the parent/legal guardian to pay for all of the damages.

Signature of Parent or Guardian

Date Signed