



Presents

# Third Annual Summer Camp

## 2010 REGISTRATION FORM

Location: Muskegon State Park

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY**

### PERSONAL INFORMATION

1. <b>Camper Name:</b>		Today's Date:
Home Address:		Home Phone #
City/State/Zip:		Cell Phone #
Education level(Check one): <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Others		If student, which grade?
What is your age? (must at least be 12yrs of age)		Email Address:
<b>Parent or Legal guardian Name:</b>		Emergency Phone #
I accept to pay the registration FEE \$45.00 <input type="checkbox"/> Yes <input type="checkbox"/> No  (The registration Fee includes food, lodging, park fee, other fees)		I will pay in (check one)  <input type="checkbox"/> Cash <input type="checkbox"/> Check (payable to will advise)
As a parent, I would like to make a donation to support the MAS youth camp expenses in the amount of \$_____		
<b>Transportation:</b> (check one) <input type="checkbox"/> I will drop off and pick up my child <input type="checkbox"/> I do not have transportation for my child; therefore provide transportation for my child. <input type="checkbox"/> I will delegate someone to pick up and drop of my child. (Please fill in below of the designated person/driver)		
Name	Relationship	Phone #
<input checked="" type="checkbox"/> Camp dates will run from Friday July 30 <sup>th</sup> until Sunday August 1 <sup>st</sup> . We will depart exactly 9am on Friday and returning by 6pm on Sunday from the Islamic Center of greater Lansing. The Registration form must be accompanied by a \$45 <b>NON REFUNDABLE</b> Fee per camper, due by Friday August 1 <sup>st</sup> .		
<input checked="" type="checkbox"/> I give my permission for _____ to take part in the Third Annual MAS YOUTH Summer Camp at Muskegon State Park. My child is in good physical condition and is capable of hiking, canoeing, swimming, and all other camp activities. I understand that hiking and other activities associated with an outdoor camp have an inherent risk factor, and that all appropriate precautions will be taken for the safety of my child. I give my permission to MAS youth staff and volunteers and/or hospital staff to administer proper medical assistance to the above named participant. I agree not to hold MAS youth or Muskegon State Park responsible in the event of unforeseeable injury to my child.		
Signature of Parent or Guardian		DATE

