MUSLIM YOUTH COALITION
MIDDLE SCHOOL MENTOR PROGRAM

2010 WAIVER FORM

(Sponsored by the Youth Committee of the Islamic Association of Raleigh)

APPLICANT INFORMATION

1st Child:

Last Name | First Name | Middle Name

2nd Child (if applicable):

Last Name | First Name | Middle Name

Home Address | City | State | Zip

Date of Birth (MM/DD/YYYY) | Home Phone Number

Emergency Contact Person | Relationship | Emergency Contact Number

HEALTH INFORMATION

Doctor's Name: _____Phone: (____) _____-_____
Insurance Company: _____ Phone: (____) _____-_____
Policy Number: _____
Group Number: _____
If any of the following applies to your child, please check and explain.
( ) Allergies
( ) Diabetes
( ) Drug allergy or serum sensitivity
( ) Asthma
( ) Other: _____
Any recent illness or operation? If yes, please explain: _____
Is the named youth attendee under care of a doctor? If yes, please explain: _____
Is the named youth attendee on any medication? If yes, please explain: _____

WAIVER

I hereby give full permission for my child(ren) to participate in the MYC Middle School Mentor Program. I understand that the well-being and safety of my child(ren) are of utmost importance to the MYC organizers, and we hereby release them of any and all liabilities and assume full responsibility in case of accident or injury before, during, and after the MYC Middle School Mentor Program activities.

I grant MYC organizers full authority to use their judgment in obtaining and providing emergency medical care deemed necessary to protect the health and safety of the above named youth attendee, 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 a hospital. I hereby release, hold harmless, and indemnify MYC and its organizers or agents, either in their individual capacities or by reason of their relationship with MYC, from all responsibility, liability, or claims of any nature whatsoever for loss, damage, or destruction of property, or injury due to any cause whatsoever to my family members attending this program.

_____ _____
Parent/Guardian Name (printed) Parent/Guardian Signature

_____
Date