



WELCOME TO
ETHIOPIAN MUSLIM ASSOCIATION
OF SEATTLE

Participant Information:

Full Name of Participant: _____

Date of Birth: ____/____/____

Gender: [] Male [] Female [] Other

Home Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone Number (Participant): _____

Email Address (Participant): _____

Parent/Guardian Information:

Full Name of Parent/Guardian: _____

Relationship to Participant: _____

Phone Number (Parent/Guardian): _____

Email Address (Parent/Guardian): _____

Emergency Contact Information:

Emergency Contact Name: _____

Relationship to Participant: _____

Emergency Contact Phone Number: _____

Medical Information:

Does the participant have any allergies or medical conditions? [] Yes [] No

If yes, please provide details: _____

List any medications the participant is currently taking: _____

Consent and Release:

I, as the parent/guardian of the above-named participant, give permission for my child to participate in the mosque's summer camp. I understand that the mosque and its staff will take precautions for the safety of the participants. In case of an emergency, I authorize the camp personnel to obtain necessary medical treatment for my child.

Parent/Guardian Signature: _____ Date: ____/____/____

Photography and Media Consent:

I consent to the use of photographs or video footage of my child for promotional or informational purposes related to the summer camp and mosque activities.

Parent/Guardian Signature: _____ Date: ____/____/____

Special Requests or Notes:

Please provide any special requests, notes, or considerations for the participant or the mosque staff.

Registration Fee:

The registration fee for the summer camp is \$_____. Payment details and deadlines will be provided upon submission of this form.

