

Zainab Family Camp Registration

(June 29 to July 01, 2007 at Sound View Camp, Key Peninsula Hwy, Longbranch, WA)

Name _____ Email _____

Address _____

City _____ Zip _____ Phone # _____

M / F Age _____ Tent Challenge Course

Members of Family Attending Camp

Name _____ M / F Age _____ Tent Challenge Course

Name _____ M / F Age _____ Tent Challenge Course

Name _____ M / F Age _____ Tent Challenge Course

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Costs:

Boarding and Dining: \$70 per person (above 5 years of age)

(includes canoeing, archery, lodging for 2 nights, 2 breakfast, 2 lunch, 2 snacks and 2 dinners)

Challenge Course: \$16 per person (minimum height requirement of 4 feet 6 inches)

Please make checks payable to Zainab Organization

Emergency Information

Emergency Contact Name _____

Relationship _____ Phone # _____

Family Physician _____ Phone # _____

Check all that apply	Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Special dietary needs	<input type="checkbox"/>	<input type="checkbox"/>
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	Other medical condition	<input type="checkbox"/>	<input type="checkbox"/>

Please explain "Yes" answers _____

Volunteer sign-up: Breakfast Lunch Dinner Cleanup Beach Camp Fire

Please submit this form with payment to Br Taghi Gozlo or any of the Camp Organizers by
Sunday, June 3, 2007.

For financial sponsorship, suggestions and more details
contact Br. Taghi Gozlo at (206) 546-6100 / Br. Ali Rizvi (206) 235-7455

**Note: Limited space available on a first-come-first-serve basis,
registration NOT accepted/confirmed without full payment.**

Waiver of liability

I, the undersigned, release from all liability and agree not to sue Zainab Organization of Greater Seattle, its office bearers, teachers and volunteers involved in camp activities, for any personal injury, death, property damages, expenses or loss sustained by me or minors in my care as a result of participation in camp activities. This includes any cause whatsoever including, without limitation, negligence, on the part of Zainab Director, Position Holders, Teachers and Volunteers.

I agree that I will be responsible to pay for all or costs relating to special services provided by Zainab Organization or its Volunteers if such special services are requested or required by me or minors under my care.

I agree that I will be responsible for and I will pay all or any costs relating rescues, ambulance, special travel, medical attention, police services, or any other special outlay requested or required by me or minors under my care.

I acknowledge that the enjoyment and excitement of the activities are derived in part from travel to and in wilderness environments, remote places, camping, hiking and water activities and that the inherent risks of these activities contribute to such enjoyment and excitement.

I confirm that I am the full age of maturity and am the parent or guardian of the minors named in this form.

I confirm that I have read and have understood this agreement prior to signing it.

I agree that this agreement will be binding upon my heirs, next of kin, executors, attorneys, administrators and successors and upon the heirs, next of kin, executors, attorneys, administrators and successors of the minors named below.

This form must have both parent/guardian signature(s).

Name (Please Print)

Name (Please Print)

Signature

Signature

Date

Date