

# ZAINAB (a.s.) family camp 2008 registration form

15-17 August, 2008 @ camp delany, dryfalls-sun lakes, wa

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_

## Members of Family Attending Camp

Name \_\_\_\_\_ M / F Age  0-5 yrs  6-12 yrs  13+ yrs  
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## Costs:

**Boarding and Dining:** Includes lodging for 2 nights, 2 breakfast, 2 lunch, 2 snacks and 2 dinners. **Activities:** Row boat, miniature golf and water war game are also covered in the price. (Activities like golf, horse riding, paddle boat, canoeing are not covered and can be paid for at the camp). Please make checks payable to ZAINAB Organization.

### Early bird special-May 10<sup>th</sup> only

\$55 per person (ages 13 and above)

\$30 per person (ages 6-12)

Free: Children under 5

### Regular rate: May 11<sup>th</sup> to July 15<sup>th</sup>

\$65 per person (ages 13 and above)

\$35 per person (ages 6-12)

Free: Children under 5

### Late Registration: After July 15<sup>th</sup>

\$75 per person (above 12 years of age)

\$45 per person (ages 6-12)

\$10 Children under 5

## Emergency Information

*Emergency Contact*

Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

<b>Check all that apply</b>	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
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"/>
<b>Check all that apply</b>	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	Other medical condition	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain \_\_\_\_\_

*For registration or financial sponsorship, please contact*

*Br. Taghi Gozlo 206 546 6100,*

*Br. Ali Rizvi 206 235 7455,*

*Sis Zahra Abidi 425 881 0926 or*

*Sis Shama Chaudhry 253 850 1391.*

*Note: Registration NOT accepted/confirmed without full payment*

**Driving Directions**

*Camp Delany is located seven miles southwest of Coulee City, Wash..*

*From eastbound I-90:*

*Take exit #151 to SR 283. Go through Ephrata, and continue on to Soap Lake. Turn north on Hwy. 17, and continue 17 miles to park.*

*From U.S. Hwy. 2:*

*Take Hwy. 17 south for five miles, just two miles west of Coulee City.*

## 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