WING

**Fiysabiylillah Compassionate Aid Org.**

**summer Day camp**

**(421 Nugget Ave., Unit 6 Lower level, Scarborough, ON, M1S 4L8**

**E-mail info@fiysabiylillah.com Tel:647-855-5466**

FULL NAME:

D.O.B

Health Card #

**Age Group: Boys/Girls 8-14**

ADDRESS

Street Address 1

Street Address 2

City, Province

Country

E-mail Address

Phone Number

SESSION SELECTION: Date:

**Cost of Session: $100 (non-refundable) – includes 4 Days at camp- 2 days at 375 Ritson Rd N, Oshawa and 2 days at 14 River Rd, Lindsay.**

***Does any child have a medical condition that needs prescribed drugs to be administered?***

Payments:

$100.00 per child. Parents will provide each child with lunch and snacks. The transportation vehicle will depart promptly at 9.am from the designated pick-up area every Tuesday and Thursday.

website: fiysabiylillah.org Tel: 416 562 3844 email info@fiysabiylillah.org

Liability Waiver

I recognise that a risk of injury or potential health risks may exist in participation in the above named program. I hereby willingly assume such risks for the above named person for whom I am in law responsible and assume full responsibility during and after their participation in the program. Fiysabiylillah Compassionate Aid Organization cannot be responsible for risk willingly assumed, and I therefore hereby release and forever discharge Fiysabiylillah Compassionate Aid Organization from all actions, damages, claims and demands whatsoever arising from participation in the program or any associated activities. I have read, understood and agree to the contents of this consent in its entirety.

Parent/Guardian Signature:....................................... Date:..............................

***For more information please email us at: info@fiysabiylillah.org /Tel:416 562 3844***