



The purposes of the annual MAS-CT camping trip is to bring youth closer to Allah (SWT), expand on their knowledge of the Deen, and foster a strong brotherhood amongst the youth. We aim to achieve this through a variety of mini-lectures, team building activities, outdoor activities, and congregation prayers. Mentors will ensure participants get the most out of their 3 day experience and will always be there to answer their most pressing questions. This is a great opportunity for your child to get away for a few days, be around Muslim peers and most importantly, exercise their mind, body, and soul!

Youth Information: Please print clearly

Name _____

Address _____

Phone # _____ -Age _____

Email Address _____

Amount Enclosed (_____)

Parent/Guardian Information:

Name _____

Primary Phone # _____ Secondary _____

Email address _____

WAIVER: We hereby give full permission for my child to participate in the MAS CT Youth Camping Trip, We understand that the well being and safety of my child is of utmost importance to the MAS CT youth mentors and volunteers, 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 camping trip. We have completed the health information form. Both I and my child have signed and agreed to its contents.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____

Participates Print: _____

Participates Signature: _____



HEALTH INFORMATION: please fill ALL sections that apply

Note: If child has an epinephrine pen for allergies, in need of an asthma pump, or other life saving medicine or equipment please alert about and provide MAS-CT with necessary medication/equipment in case of an emergency.

Name: _____ Age: _____

Address: _____

Parent/Guardian Name: _____

Phone #: _____ Secondary#: _____

Email: _____

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Phone: _____

Policy Number: _____ Group Number: _____

If any of the following applies to your child, please check and explain

(Use additional paper if needed.)

Allergies Diabetes Drug allergy or serum sensitivity Asthma On Prescription Medications Other:

Any recent illness or operation? If yes, please explain: _____

Is the named youth under care of a doctor? No ___ Yes ___ If yes, please explain:

Is the named youth on any medication? No ___ Yes ___ If yes, please explain:

MAS Youth is not equipped to care for young adults with special medical, emotional, disciplinary or educational needs. If the above named young adult is receiving, or is in need of, more than normal supervision, it is required that a parent contact and consult with MAS-CT prior to registering for this trip.

I grant MAS-CT 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, a member of my family, at my expense. This care may include but is not limited to placing him under care of a doctor or a hospital. I hereby release, hold harmless, and indemnify MAS-CT personal and its organizers or agents, either in their individual capacities or by reason of their relationship With MAS-CT, 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 me (if over 18 years) or to my family members (below 18 years) participating in this trip.

Participate (sign): _____ Date: _____

Parent/Guardian (sign): _____ Date: _____