



## WINDSOR MOSQUE RAMADAN BABYSITTING REGISTRATION FORM

### Contact Information for Children

Child's Name (1)

Age

Child's Name (2)

Age

Child's Name (3)

Age

Child's Name (4)

Age

**Mother's Name**

**Father's Name**

**Cell Phone**

**Cell Phone**

### Medical Information

Allergies: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I hereby release and agree to indemnify, defend, and hold harmless the Windsor Islamic Association (WIA), its representatives, agents, and directors from all claims or liability for damages and/or injuries incurred by my children in connection with child care provided at the mosque during the prayers.

I further acknowledge I have reviewed and evaluated the risks and determined to use the child care provided by the WIA with full knowledge and acceptance of the risks. I understand that the WIA does not provide insurance coverage for accidents or injury sustained by my children. I agree that use of child care provided at the mosque shall be undertaken by me or my children at our sole risk, and the WIA shall not be liable for any injuries or any damage to me, or my children, or be subject to any claim, demand, injury or damages whatsoever, irrespective of cause or origin. The WIA shall not be responsible or liable for articles damaged, lost, or stolen.

\_\_\_\_\_  
**Parent's/Guardian's Signature**

\_\_\_\_\_  
**Date**