YOUTH REGISTRATION FORM

Dar Al-Hijrah Islamic Center
Youth Boys

Youth Information:

Name: _____ _____ _____
Last First MI

Address: _____ _____
Number & Street Apt. #

_____ _____ _____
City State Zip Code

Home Number: ( ) _____ - _____ Date of Birth: _____/_____ /_____

Work Number: ( ) _____ - _____ Cell Number: ( ) _____ - _____

Email: _____

Medical Information:

Allergies: _____ Medication: _____

Special Needs: _____

Restricted Activities: _____

Health Insurance Co.: _____ Policy #: _____

Emergency Contact: _____ _____
Name Relation

Emergency Contact's Telephone Number: ( ) _____ - _____

I acknowledge that my son, _____'s picture is only for database and ID card. I know that the picture will not be used for any other purpose. I allow the Dar Al-Hijrah youth committee to take picture of my son for these reasons. I also acknowledge that the information above is correct to the best of my knowledge. I know that this essential information is for present and future activities for my son.

Youth Member Signature: _____ Date: _____/_____/_____

Parents Signature: _____ Date: _____/_____/_____
(Only if youth member under 18 years old)

ID #: _____

Comments: _____
_____
_____
_____

PLEASE DONT WRITE HERE ONLY FOR STAFF

Photo:

Have any question please call the gym at 703-531-2908
And ask for Br. Ahmed or Br. Abdulhadi