

# Masjid at-Taqwa Summer Youth Camp

## 27-28<sup>TH</sup> FEB – 1<sup>ST</sup> MAR 2015

### **Camp Conditions**

#### **1. Eligibility**

Minimum age is 8 years

8-14 year olds must be accompanied by parent or guardian

15-18 year olds must have parental consent

#### **2. Clothing**

Campers must be clothed adequately at all times. Minimum expectation is cover from shoulder to below knees at all times even during sports activities

#### **3. Language/Behaviour**

Use polite and respectable language at all times. Swearing, arguing and use of unpleasant language will not be tolerated. Appropriate Islamic behaviour must be displayed at all times

#### **4. Music**

Prohibited at all times

#### **5. Smoking**

Prohibited at all times

#### **6. Participation**

Campers are encouraged to participate fully in all the organized activities

#### **7. Leave from Camp**

Leaving the camp site is discouraged however should the need arise permission must be sought from the Camp Director

#### **8. Cleanliness**

The Camp site is to be kept clean and tidy during the stay and prior to departure. Please follow instructions in regards to rubbish disposal

#### **9. Help**

Volunteer assistance will be needed from time to time during the camp. Please help when your turn comes.

#### **10. House Rules**

House Rules are set up for the protection of the camp property and its users. Failure to comply may result in detrimental action taken by the property manager on the organisers. Please follow the rules, keep safe and protect others.

#### **11. Cancellation**

Cancellation with full refund will be accepted up to February 22<sup>nd</sup> 2015. Any cancellation after that would be without refund.

# Masjid at-Taqwa Summer Youth Camp 2015

**Registration Form -**  
**Date – 27-28<sup>th</sup> Feb – 1<sup>st</sup> March**

**Venue: Waihi Beach Camp, 48-66 Seaforth Road**  
**Waihi Beach**

## Personal Details

Name: (last) \_\_\_\_\_ first) \_\_\_\_\_ Age: \_\_\_\_\_

Address: (Street # & Name) \_\_\_\_\_ Town/City: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Contact Details (if aged under 18):

Name	_____
Address	_____
Phone	_____
Relationship	_____

## Health Information

Doctor's/Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**If any of the following applies to you please tick for yes and explain or cross for No.**

Use back of this form or additional paper for explanation if necessary.

( ) Allergies (if yes please explain)

( ) Diabetes

( ) Asthma

( ) Other: \_\_\_\_\_

**Any recent illness or operation?** If yes, please explain: \_\_\_\_\_

**Are you under care of a doctor or medical personnel?** If yes, please explain: \_\_\_\_\_

**Are you taking any medication?** If yes, please explain: \_\_\_\_\_

At-Taqwa Youth Camp organizers are not equipped to care for children on special medical, emotional, disciplinary or educational needs. If the above named is receiving or is in need of more than normal supervision, the care-givers contacts details are required. Camp organisers must be notified of this prior to registering for the camp.

## Declaration

The Attachment "A" is part of registration. Please ensure that you read and understand the camp conditions and observe it at all times. Providing misleading and/or incorrect information and declaration is unislamic and will invalidate the registration and forfeit the camp fee.

I declare that the information provided above is true and correct and that I have read the camp conditions in Attachment "A" and agree to abide by it at all times.

**Camp fee \$60.00**

**Payment enclosed:** Yes/No

**Payment method:**

Cash/Cheque/Online

Reference: your name | Particulars: camp 15

BNZ Manukau Branch # 02-0191-0043002-03

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

## Declaration- Child 14-17years (Child between 8-14years has to be accompanied by parent)

I/We hereby give permission for my child(ren) to participate in the Youth Camp activities, including participation in water activities. I/We understand that the well-being and safety of my child(ren) are of utmost importance to the camp organisers, and we hereby release them of all liability in case of accident or injury during the camp.

\_\_\_\_\_  
Signature of Parent(s)/Guardian

\_\_\_\_\_  
Date

## Office Use Only

**Date form received:**

**Received by:**

**Payment method:**

**Form Status:**

**Payment: Y/N**

**Medical Requirements: Y/N**

**Registration: Accepted/Declined**

**If declined, reason:**

Return completed registration form to the camp organisers by **Sunday 22nd Feb 2015**. Organisers reserve the right to make decision/s on all matters relating to registration and the camp. Send registration form via: email: [youth@masjidattaqwa.co.nz](mailto:youth@masjidattaqwa.co.nz) | fax: 09 2777108 | P O Box 276044 Manukau City, Manukau 2241. Or hand it in to us at the Masjid.