



Our Mission is *To enrich the public's understanding of Islam and dispel common myths and stereotypes, while serving the Muslim community's educational, social, and spiritual needs in order to develop generations of proud and committed Muslims who lead our community to the fore front of bridge-building dialogue, faith-based community service, and stewardship of Earth and humanity.*

MET Extracurricular Program Registration Form

Student's Full Name	Age	Grade	School Attended	Health problems/Allergies (if any)

Parent/Student Information :

Father's Name: _____ Mother's Name: _____

Father's Email: _____ Mother's Email: _____

Phone Numbers:

Home: _____ Dad's Cell: _____ Mom's Cell: _____

Emergency Contact Information:

1. Full Name: _____ Cell Phone #: _____

2. Full Name: _____ Cell Phone #: _____

In Case of Emergency:

Family Doctor: _____ Phone #: _____

Health Insurance and Group #: _____ Hospital: _____

Payment Amount: \$ _____ Cash Check Credit

By signing below, I agree to drop off and pick up my child(ren) on time. I give permission that my child(ren) be photographed, videotaped, and/or voice recorded as part of the MET Program proceedings, and media of my child may be published at the discretion of MET. I give my child(ren) permission to use the playground structure/equipment at MET, and will not hold MET, its programs, or its staff liable for incidents involving accidental injuries sustained by my child(ren) during the program proceedings.

Parent's Name: _____ (please print)

Parent's Signature: _____ Date: _____