



Hong Kong Islamic Youth Association

香港伊斯蘭青年協會

8/F, Masjid Ammar & O.R.S. Islamic Centre, 40 Oi Kwan Road, Wanchai, H.K.

香港灣仔愛群道40號愛群道清真寺林士德伊斯蘭中心 8樓

Peer Counsellor Training Programme

Registration Form

Registration is subject to final approval. Successful applicants will be contacted for class's details.

Personal Details	
Name 姓名:	
(English)	(Chinese)
Address地址:	
Tel 電話:	Email 電郵:
(Home) (Mobile)	
Language: Spoken: _____ Written: _____	
HKIYA Member : Yes / No	
Applicant's Signatory Date: _____	
	FOR OFFICE USE ONLY : Form Received Date: _____ Received by: _____ Payment Received Date: _____ Cash / Cheque:

For cheque payment, please make payable to "Hong Kong Islamic Youth Association"
支票抬頭 "香港伊斯蘭青年協會"

**Please submit registration form to Hong Kong Islamic Youth Association
by email to info@hkiya.org.hk or by fax at 28384337 or in person.**

****Due to limited number of spaces, priority is given to HKIYA members. Registration is on first-come-first-served basis. HKIYA reserves the rights for all allocation of seats.**

Hong Kong Islamic Youth Association

“Liability Waiver Form”

(Please Read Carefully and Sign)

Student Name: _____

IN CONSIDERATION of being permitted to send my (or our) child or children to Hong Kong Islamic Youth Association (“ASSOCIATION”) and complete understanding that the ASSOCIATION is a non-profit organization operated by a group of volunteers for the only purpose of promoting and cultivating Islamic learning and harmony in the society for our children, EACH OF THE UNDERSIGNED, for himself or herself or themselves, their personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that the undersigned enters this agreement freely and voluntarily with all information fully disclosed by Hong Kong Islamic Youth Association.
2. Fully understands, as parent(s) or legal guardian of the aforementioned student, who will attend ASSOCIATION aforesaid instructional programs (“PROGRAMS”), that my child’s participation in PROGRAMS involves risk of accidents or personal injuries. Therefore, on behalf of my child, my spouse/partner and myself, the undersigned has hereby agreed to release, waive, discharge and covenant NOT to sue and to hold harmless ASSOCIATION, its council members, teachers, contractors, volunteers, administrative officers, employees and any other associated personnel including owners or landlords of the premises utilized by the ASSOCIATION, of and from any and all claims, actions and damages for accidents, personal injuries, emotional distress, disabilities or death that my child or any of my family members have or may have sustained as a result of participation in the PROGRAM.
3. Has further agreed to take full responsibility for my child(ren) to observe, follow and obey any and all ASSOCIATION rules.
4. Moreover, if necessary, the undersigned authorizes ASSOCIATION to seek emergency medical treatment for my child at an available medical facility at my own expenses. In the event that the undersigned should observe or discover any unsafe personal conduct or unsafe physical condition on the premises of ASSOCIATION, the undersigned has agreed to report the unsafe conduct or condition to Hong Kong Islamic Youth Association representative as soon as possible.
5. Further, permission is hereby granted by the undersigned to ASSOCIATION to publish photos of my child(ren) (no names mentioned) in newsletters, website and other public relations presentations. Email addresses or private contacts information will be used for Association communications only.
6. Further, the undersigned has agreed to take full financial responsibility for any damage to ASSOCIATION facilities and equipments caused by my child or family members or myself.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent/Legal Guardian Name: _____

Relationship with student: _____

Contact Telephone: _____

Signature by Parent or Legal Guardian: _____

Date: _____