

مسجد دبلن و المركز الإسلامی

# Islamic Foundation of Ireland

*Friendly Society (Reg. No. 1719 S.A.) Charity (Reg. No. CHY6670)*

163 SOUTH CIRCULAR ROAD, DUBLIN 8, IRELAND

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## Parental/Guardian Consent Form and Contract form, for the IFI Details of Young person

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency No Mobile: \_\_\_\_\_

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Will the youth sleeping over on the 26<sup>th</sup> December in the mosque

Yes

No

Does this child have allergy, illness or special needs that we should be aware of?

Yes

No

If yes, please give details

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I, \_\_\_\_\_ give full permission for the named above to participate in  
all activities on the day she is in IFI

Yes

No

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I, understand, I have to pay €25 for the fees as part of the Winter Camp

Yes

No

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I, also give full permission in the case of emergency for emergency treatment to be  
given. Yes

No

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IFI is not responsible for my child after the Camp programme finished to arrange pick  
up or supervision.

Name in Block capitals (parent): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**DATELINE to SUBMIT by 21st December 2016**