MPF YOUTH CAMP

JULY 30 - AUGUST 1, 2010

KEM BINA SEMANGAT, AMPANG PECAH

CONSENT FORM

I, _____, hereby permit my child/children/charge(s),

(To be completed by parent or guardian)

name(s)	, age
	, age
	, age
to attend the MPF Youth Camp, July 30 – August 1, 2010	
I agree that my child/children/charge(s) shall abide by all rules and regulations as stipulated by the Organizer.	
I hereby agree that the Organizer, Muslim Professionals Forum Berhad and any of its committee members, coordinators, facilitators and volunteers shall be free from any liabilities arising out of any accident including but not limited to personal injuries, loss of life or damaged to property howsoever caused to my child/children/charge(s) during any of the camp activities.	
In the event of an emergency, where it is not possible to contact me or my representative for any reason whatsoever, I unconditionally and irrevocably consent that such emergency can be dealt by any representative of the Organizer in a manner he/she deems fit.	
My representative may be contacted at the following number:	
Name: Relat	ionship:
Tel: H/P:	Fax:
Signed (parent / guardian):	Date:
Full Name:	IC No:
Tel: H/P:	Fax: