Meadowvale Islamic Center Senior Program registration form

Section 1: Participant Information (Required)

Full Name: Last Name: _____First Name: _____ Middle Initial: ____

Preferred Name/Nickname: _____

Date of Birth: (DD/MM/YYYY): _____ / _____ / _____

Gender: ☐ Male ☐ Female

Address: Street: _____ City: Mississauga Postal Code: _____

Phone: Home: _____ Cell: _____

Email: _____ (important for reminders)

Emergency Contact: Name: _____ Relationship: _____
Phone: _____ Alternate Phone: _____

Section 2: Health & Medical Information (Confidential – For Safety)

Do you have any medical conditions, allergies, or mobility needs we should be aware of? (e.g., diabetes, heart conditions, hearing/vision impairment, wheelchair use) ☐ No ☐ Yes → Please describe: _____

Medications: Any that may affect participation? _____

Doctor's Name & Phone (optional): _____

Health Insurance Details (optional for reference): OHIP # _____

I confirm I am physically able to participate in the program activities or have consulted a physician.

Signature: _____ Date: _____

Section 3: Program Details & Preferences

Programs/Registering For: (Check all that apply or list) ☐ Weekly Social Gatherings / Tea & Talk ☐ Gentle Exercise / Chair Yoga / Walking Group ☐ Quran Study / Islamic Knowledge Circle ☐ Arts & Crafts / Hobbies ☐ Other: _____

Preferred Days/Times: _____

How did you hear about this program? ☐ MICI Website ☐ Friday Announcement ☐ Friend/Family ☐ Flyer ☐ Other _____

Dietary Needs/Preferences (Halal by default): _____ (e.g., vegetarian, no nuts)

Transportation: ☐ Driving ☐ Dropped off ☐ Need assistance / Ride share interest

Section 4: Additional Information

Household: Number of people in household _____

Language Preferences: Primary language spoken: _____ (English/Arabic/Urdu/etc.).

Photo & Media Release: I ☐ consent / ☐ do not consent to photographs/videos of me being used for MICI promotional materials (website, social media, newsletters).

Section 5: Fees & Payment (if applicable)

Registration Fee: $_____ (Per Calendar Year)

Payment Method: ☐ Cash ☐ Cheque ☐ E-transfer (to etf@mici.org) ☐ Credit/Debit

Total Paid: $_____ Receipt (office use): _____

Subsidy Request? (for low-income) ☐ Yes – Please attach supporting info if required.

Section 6: Agreements & Signature

1. I understand that participation is voluntary, and I assume all risks associated with the activities.
2. I release Meadowvale Islamic Centre, its staff, volunteers, and partners from any liability for injury, loss, or damage.
3. I agree to follow program rules, respect others, and notify organizers of any changes in health.
4. I confirm that all information provided is accurate.
5. I confirm that the health-related information I will receive is for educational purposes only. I will consult my family doctor about medical needs.
6. I agree to receive emails from MIC or the MIC Senior Program Coordinator and to be part of the WhatsApp MIC Senior group to receive program-related information and communication.

Participant Signature: _____ Date: _____

If completed by family/guardian: Name _____ Relationship _____

Signature: _____ Date: _____

Office Use Only: Date Received: _____ Approved by: _____ Notes: _____

Rules and regulations

1- All participants must uphold strict discipline in the program. Please refrain from engaging in any activities that could disrupt the program's learning /friendly environment. These include, but are not limited to, speaking loudly with one another, disrespecting fellow participants, making unnecessary noise, and arguing.
2- Everyone must take proper care of the facilities, including the furniture, food stalls, and washrooms. All facilities should be kept clean and in the same or better condition than when received before the program.
3- Participants are not permitted to operate, adjust or interfere with electrical or mechanical equipment present on the premises.
4- No one shall bring or retain on the premises any products or materials which may pose a fire risk or conflict with the regulations of the Fire Dept. or the Public Health Department.
5- No one shall conduct any business activity by selling or marketing any product or service in or around the program
6- No one shall make any announcement(s) or distribute flyers for any event and/or other organization's programs.
7- Everyone must comply with all relevant government by-laws and regulations and shall not engage in any activities that may be considered a nuisance or illegal.
8- No smoking or vaping is permitted anywhere on the class premises or outside, according to the Ontario code (20 feet away from entrances and ventilation intakes).
9- All aisles, hallways, stairways, and exits in the building must be always kept free from obstruction.
10- All individuals must leave the building during a fire alarm or drill and stay outside until the proper authorities give permission to re-enter.
11- No one shall carry on any discriminatory activities, distribute, post or display symbols or emblems that suggest supremacy or incite hatred or violence, or make offensive comments on the MIC premises which contravene the host organization regulations, the Ontario Human Rights Code and any other relevant legislation.