



**Effective Dates: November 21, 2021 – December 31, 2022**

**Return: [info@bicstl.com](mailto:info@bicstl.com) or 318 Lemay Ferry Rd. St. Louis, MO 63125**

The Bosnian Islamic Center of St. Louis (BICSTL) is a religious, charitable, social, cultural and educational non-profit 501(c)(3) organization that supports a community of believers who strive to strengthen and preserve Islamic and Bosnian Identity in the greater St. Louis area.

Bosnian Muslim Youth of St. Louis (B MY STL) is a youth club for members of BICSTL whose mission is to spark youth involvement in community development and dialogue, provide a platform for expression, establish a diverse and supportive network of youth and the greater community and help youth build strong character and realize their full potential as responsible citizens and leaders. B MY STL will take participating youth to experience different adventures around the greater St. Louis area to bond and learn more about our religion, culture, and history.

### **B MY STL Membership Requirements**

- Participants must be at least 13 years old
- Participants must come to at least 10 BICSTL sponsored events (i.e., lectures, performances, etc.).
- Participants must complete 10 hours of volunteerism for BICSTL.
- PARTICIPANTS MUST HAVE FUN!

**Please read this form carefully, fill out completely, sign and return as early as possible. Your child/children MUST have a signed permission slip in order to attend activities and be a part of B MY STL.**

The following rules and guidelines are equally binding on adult leaders/chaperones and youth.

### **Non-Negotiable Rules and Guidelines**

Any participant failing to abide by these rules will be sent home and may face disciplinary action including expulsion from the youth club.

- Participants will be respectful, encouraging, and will maintain a positive attitude toward others at all times.
- Participants will be respectful of the property of others.
- Participants will avoid the use of foul language, cursing, or any speech (including “humor”) which puts down, makes fun of, or stereotypes other person(s) or group(s).
- No use of illicit drugs or alcohol
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas *normally* covered by undergarments)
- Smoking and the use of tobacco products are not allowed to, from, or during any trip.
- Will not break any American laws in the United States or any other country.



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## B MY STL Parental/Guardian and Youth Information

### Parent/Guardian Information

Name(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

Primary Address \_\_\_\_\_

Secondary Address \_\_\_\_\_

**Apply to be an adult leader/chaperone: Yes/No**

If yes, please sign below.

**By signing this form, I pledge to respect others during B MY STL activities by following the rules and guidelines printed above. I understand that I cannot participate in the activity unless this completed form is on file.**

\_\_\_\_\_  
 Adult Leader's/Chaperone Signature Date

List all phone numbers where the parent/guardian can be reached (type: i.e., home, cell)

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Type? \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

Name \_\_\_\_\_ # \_\_\_\_\_ Relation? \_\_\_\_\_

### Youth Information

Name \_\_\_\_\_ DOB \_\_\_\_\_ Male/Female

Primary Address \_\_\_\_\_

Secondary Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_



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## B MY STL Consent and Medical Information

I, \_\_\_\_\_ as parent/guardian of the above-named child, give him/her permission to participate in the activities of B MY STL. I release the organization and its representatives from any liability in the event of an accident en-route, during, or returning from an activity. I also authorize them to obtain any emergency medical attention that may be required during my child’s attendance. The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed adult while attending and participating in activities sponsored by B MY STL. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

\_\_\_\_\_  
 Child/Youth’s Name (print) Parent/Guardian Name (print)

x \_\_\_\_\_  
 Parent/Guardian Signature Date

\_\_\_\_\_  
 Street Address City, State, Zip

\_\_\_\_\_  
 Parent/Guardian Email Phone

### Special Medical/Dietary Needs

Are there any specific or special medical needs that we should be aware of for your child? Please list them below along with any information that could be helpful. If you should need more space, please write on the back of this form. If you have dietary restrictions, please list them below.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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## B MY STL Photo Release Form

I agree that B MY STL may photograph and record my child/dependent's likeness and activities (Images)<sup>1</sup> during organization-related activities. I grant the following rights to B MY STL: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the organization website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge B MY STL from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below.

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Child/Youth's Name (print)

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Parent/Guardian Name (print)

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x

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Parent/Guardian Signature

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Date

---

Street Address

---

City, State, Zip

---

Parent/Guardian Email

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Phone

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<sup>1</sup> Image means all photographs, film, or other recordings taken of you as part of the Shoot.



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## B MY STL Shirts & Input

B MY STL will provide members (youth and chaperone) with B MY STL shirts and masks. Shirts/masks have already been designed for this year’s group (November 21, 2021 – December 31, 2022). An example of the shirt/mask will be shown at orientation (November 21, 2021).

Have you received a shirt? Yes/No  
 If no, what size shirt will you need?

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Have you received a mask? Yes/No

B MY STL wants our members to have a say in what kind of activities we do throughout the year. In the lines below, please list some places you would like to visit or activities you want to participate in.

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Our first B MY STL outing will be December 10<sup>th</sup> after praying Isha (Jacija) together. We will be going ice skating and will need to let the ice-rink know how many members will be attending, so please fill out this permission slip as soon as possible and no later than December 3<sup>rd</sup> in order to participate.

I, \_\_\_\_\_ as parent/guardian of the above-named child, give him/her permission to participate in **ice-skating** with B MY STL on December 10<sup>th</sup>, 2021. I release the organization and its representatives from any liability in the event of an accident en-route, during, or returning from an activity. I also authorize them to obtain any emergency medical attention that may be required during my child’s attendance. The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed adult while attending and participating in activities sponsored by B MY STL. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

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Child/Youth’s Name (print)

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Parent/Guardian Name (print)

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x  
 Parent/Guardian Signature

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Date