



The MOMS Club® of Parker West

Membership Information and Liability Release

ALL MEMBERS MUST HAVE A SIGNED MEMBERSHIP INFORMATION AND LIABILITY RELEASE FORM ON FILE WITH THE LOCAL MOMS CLUB BEFORE ATTENDING ANY ACTIVITIES OR PROGRAMS.

NAME: _____

ADDRESS: _____ NEIGHBORHOOD: _____

TELEPHONE: _____ BIRTH DATE: _____

CHILD'S NAME AND BIRTHDATE: _____

CHILD'S NAME AND BIRTHDATE: _____

CHILD'S NAME AND BIRTHDATE: _____

CHILD'S NAME AND BIRTHDATE: _____

HAVE YOU EVER BEEN A MEMBER OF THIS OR ANY OTHER LOCAL MOMS CLUB BEFORE? IF SO, WHICH CHAPTER AND WHEN? _____

DO YOU WORK FOR PAY OR DO VOLUNTEER WORK? IF SO, WHAT DO YOU DO? _____

WHAT ARE YOUR HOBBIES OR SPECIAL INTERESTS?

HOW DID YOU HEAR ABOUT US? _____

E-MAIL ADDRESS: _____

THIS INFORMATION MAY BE INCLUDED IN THE GROUP ROSTER OR NEWSLETTER. IT WILL ALSO HELP US PLAN FUTURE ACTIVITIES. IF YOU HAVE AN IDEA FOR THE GROUP, PLEASE DISCUSS IT WITH A MEMBER OF THE EXECUTIVE BOARD.

I, THE UNDERSIGNED, UNDERSTAND THAT MY PARTICIPATION AND THE PARTICIPATION OF ANY MEMBERS OF MY FAMILY IN ANY MOMS CLUB ACTIVITY OR PROGRAM IS COMPLETELY VOLUNTARY, AND WE HEREBY GIVE PERMISSION FOR MYSELF AND MY FAMILY TO JOIN IN THOSE ACTIVITIES OR PROGRAMS. MY FAMILY SHALL HOLD HARMLESS THIS LOCAL MOMS CLUB, THE MOMS CLUB CORPORATION, ANY MOMS CLUB VOLUNTEERS OR REPRESENTATIVES, PAID OR UNPAID, AND/OR THE PROVIDERS OF ANY ACTIVITY OR PROGRAM LOCATION AND/OR MATERIALS FROM ANY LIABILITY AND/OR RESPONSIBILITY FOR ANY ACCIDENT, ILLNESS OR INJURY THAT OCCURS DURING OR AS A RESULT OF ANY FUNCTION OR PROGRAM. I ACCEPT THAT THE FINAL RESPONSIBILITY FOR MY SAFETY AND THAT OF MY FAMILY RESTS WITH ME.

Signature: _____ Date:_____