

MOMS Club.



Grand Haven, MI

Membership Application and Liability Release

This form must be signed and returned to the Membership VP prior to attending any MOMS Club activities.

Member's

Name: _____

Birthdate: ____/____/____

Address: _____

City: _____

Phone:(H)_____-_____-_____ (C)_____-_____-_____

Email: _____@_____

Child/Children's Names: _____

Birthdate: ____/____/____

_____/_____/____

_____/_____/____

Spouse's

Name: _____

Food Allergies

: _____

Have you ever been a member of this club or any other MOMS club? Y / N



Grand Haven, MI

If so, which chapter and when?

Are you new to the area? Y / N

How did you hear about

us? _____

What types of activities are you interested

in? _____

The information above may be included in the Chapter's roster or newsletter.

I understand that my participation in any MOMS Club activity is completely voluntary, and I hereby give permission for myself and my child/children to join certain activities of my choosing. In the event of an accident, illness, or injury that occurs during an activity or as a result of an activity, I shall hold harmless the MOMS Club (local, regional, national, international, corporation) and any volunteers, employees, representatives of the club, drivers and/or owners of any vehicles my family are in. I shall bear the full responsibility of ensuring the safety of my child/children.

Member's
signature _____ Date ____ / ____ / ____