

Brecksville-Broadview Hts. Preschool Mothers' Club Membership Form 2010-2011

Please fill out this form completely and submit with membership dues

Dues for the 2010-2011 club year are \$25 for Members & Alumni (Half-year dues are \$15 when joining Feb 1st - May 1st)

Make checks payable to BBHPSMC (aka Brecksville-Broadview Hts. Preschool Mothers' Club)

Mail to Preschool Mothers' Club: 988 Westwind Trace, Hinckley OH 44233

Questions? Call our hotline (440) 954-4838 or email: preschoolmothersclub@yahoo.com or go to www.preschoolmothersclub.com

Today's date _____ New member? _____ Renewing member? _____ Alumna? _____

Personal Information: *Email Address: _____

*Our Newsletter is sent out via email as well as weekly reminders (please print clearly)

*Web site access - the "club password" will be emailed to you after your membership dues are received

****RESPONSIBILITY of ALL MEMBERS** each member will be required to work one 2 hour shift at our sale/fundraiser in Fall or Spring (first Fri/Sat of Oct or March) Please state which event you are able to work. _____ Fall Sale _____ Spring Sale

**All Sellers will also be required to work an additional shift

**All members are required to bring one dish to a General Meeting - please pick: Oct __ Nov __ Jan __ Feb __ Apr __ May __

Name _____ Birthday month _____

Address _____ City / Zip _____

Phone # (____) _____ Secondary Phone #cell (____) _____ Spouse's Name _____

Name of Elementary Sch. child(ren) will attend _____ Maiden Name _____

Name of Preschool child(ren) will attend _____ Interested in joining a playgroup? _____ Yes _____ No

ex Scott 01/2003 Male Yes (if playgroup is wanted)

Child's name _____ Month/Year _____ Gender _____ Playgroup _____

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I will make a Sunshine Meal for a member in need (baby; death, or other event) _____ Yes _____ No

Do you work outside of "being Mom"? _____ Yes _____ No, if yes _____ FT _____ PT _____ Occupation _____
(now or before children)

I give permission for my child(ren)'s picture to be used on the members-only website, in the club scrapbook, pamphlets, and newsletter and club group photo sharing site. Yes _____ No _____ (if no please provide a photo of your child for identification)

New members- please tell us how you heard about our club: _____

COMMITTEES: Please select four in order of preference. We request members to serve on 1 committee. Indicate if you hold a Board position. **ALL Alumni -list the committees/ board positions served on for your last 3 years of regular membership.**

1. _____ 3. _____

2. _____ 4. _____

Services offered: If you or your spouse own or operate a business that you would like members of the club to know about, please list it below. This information will be included in our newsletter service directory.

Business name _____ Type of business _____

Area code and phone number (____) _____ Email/Website _____

Suggestions: for speakers, topics, events, or ways to improve the club _____

NOTE – ALL MEMBERS NEED to SIGN this waiver

I Hereby Give Permission For for myself, my family, as well as my guests to attend functions or activities sponsored by the BBHPSMC. I have read and agree to the BRECKSVILLE-BROADVIEW HEIGHTS PRESCHOOL MOTHERS CLUB ACKNOWLEDGMENT OF RISKS, ASSUMPTION OF RISK AND RESPONSIBILITY and RELEASE OF LIABILITY. **WARNING:** The Brecksville-Broadview Heights Preschool Mothers Club (the "Club") seeks to provide opportunities for Club Members and their children to enjoy one another's company and provide recreation opportunities for families involving preschool aged children, including field trips, parties, use of the Club's inflatables and other equipment. While the Club intends to use reasonable care in selecting such activities, it cannot foresee all risks involved. Each Member must evaluate for himself or herself, and the Member's child(ren), the risks inherent in each activity before participating. **EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks of the activities which I and any minor children for which I am responsible, will engage in, I confirm that I/we participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness (including death), and any related expenses. I also assume responsibility for damage to or loss of my/our personal property. **AUTHORIZATION:** I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the Club's activity(ies). I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. The undersigned Member or Guest, for himself or herself, his or her legal representatives, heirs and assigns, and with respect to each minor child of the undersigned, hereby releases, waives and discharges the Club, its Board Members, members, officers, employees (if any), agents and volunteers, and their respective successors and assigns ("Indemnitees"), from all liability to the undersigned, his or her legal representatives, minor children, and the heirs and assigns of each, from any and all losses or damage and any claims or damages resulting therefrom on account of injury to such individuals' person or property whether caused by the negligence of the Club or due to other factors while the undersigned is engaged in activities relating to the Club. The undersigned covenants not to sue the Indemnitees, and agree to indemnify and hold the Indemnitees harmless from any and all liabilities or claims made by other individuals or entities as a result of my/our actions.

MEMBERS SIGNATURE _____ DATE _____

MEMBERSHIP USE ONLY:

DATE ENTERED:

COMMITTEE:

EMAIL SENT:

PD BY: