

Summerville Moms New Member Information Form

Please complete all sections entirely. This information is private and will not be sold or distributed to others (except as noted by you below).

Date: _____

How did you hear about the Summerville Moms? _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Occupation and Employer: _____

Spouse's Name: _____ Date of Birth: _____

Spouse's Occupation and Employer: _____

Name of Child	Sex	Date of Birth	Allergies
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please circle the areas in which you would be interested in participating and/or volunteering:

Website Newsletter Cooking Club Book Club Event Planning Coffee Club
Scrapbooking Secret Sisters Playgroups Family Events Mom's Night Out Craft Club
Photography Club Sewing Club Game Night Calendar Planning Hosting an event in your home
Sunshine Committee (making meals for new moms/serious illness) Welcoming Committee

Throughout the year you may get a call to volunteer where there is a need. Please remember that each member is expected to volunteer for one function, activity or position to support the club (ie making a meal, helping at an event, or being on a committee). It is you support that keeps us going!

What are your hobbies and special interests?

Would you like to participate in secret sister type activities? (This means that your address, phone, and email address may be given to another member without your knowledge.)

I, the undersigned, acknowledge that I am expected to follow all Summerville Moms rules and regulations. I acknowledge that the rules and regulations may change at any time and without warning. The rules and regulations may be found on our website.

I, the undersigned, acknowledge that my phone numbers may be released to other members of Summerville Moms who wish to get in touch with me outside of the club or who are trying to find me at events.

Member's Signature: _____

Date: _____

Summerville Moms Liability Release Form

All members and/or participants must have a signed Liability Release Form on file with Summerville Moms before attending any activity programs. Our copy must have an original signature.

Parent Name: _____

Spouse's Name: _____

Children's Names: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

I, the undersigned, understand that my participation and the participation of my family members in any Summerville Moms activity or program are voluntary, and hereby give permission for me and my family to join in those activities or programs. My family shall hold harmless the Summerville Moms organization, any Summerville Moms volunteers or representatives, and/or the providers of any activity or program location 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.

I, the undersigned, acknowledge that my name, family member's names, and pictures may appear on the Summerville Moms website and/or newsletter.

I, the undersigned, acknowledge that Summerville Moms makes no warranties regarding insurance coverage for any member, participant, host, sponsor, or facility connected with the Summerville Moms activities and functions.

I, the undersigned, acknowledge that this release shall be effective as long as I or any member of my family participates in activities connected to the Summerville Moms organization, regardless of membership.

I, the undersigned, acknowledge that event postings are not venue endorsements. I am the only one who knows my children's abilities and/or limitations. It is my duty to take these things into consideration before attending an event. I assume full responsibility for any and all associated risks, foreseeable or not.

Parent Signature: _____

Date: _____