

Please return this completed form and \$25 check payable to: MOMS Club of Parsippany West to Ilana Scherer PO Box 107 Mount Tabor, NJ 07878



THE MOMS CLUB® of PARSIPPANY WEST AREA, NJ MEMBERSHIP INFORMATION & LIABILITY FORM

All members must have a signed Membership Information & Liability Release Form on file with the local MOMS Club before attending any activities and/or programs.

NAME: _____ **BIRTH DATE:** _____

ADDRESS: _____

PHONE: _____ **CELL:** _____

EMAIL: _____

SPOUSE'S NAME: _____

CHILDREN'S NAME(S) AND BIRTH DATE(S): _____

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

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

WHAT DAYS AND TIMES OF DAY ARE BEST FOR YOU TO ATTEND PLANNED ACTIVITIES?

WHAT ARE YOUR HOBBIES OR INTERESTS? _____

HOW DID YOU HEAR ABOUT US? _____

(The information above may be included in the chapter roster or newsletter. It will also help us plan future activities.)

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 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.

DATE

MEMBER'S SIGNATURE