

Greater Lewisville Early Childhood PTA Membership Form

Membership and authorization waiver good through September

Contact us at glecptamembership@gmail.com

Date: _____

Name: _____ Spouse's Name: _____

Address: _____ Subdivision: _____

City: _____ Zip: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Feeder Elementary School: _____

Please indicate your membership status with GLECPTA. New Member _____ Returning Member _____

Children's Names & Birth date (MO/Day/YR) *Place an asterisk * by the kid(s) interested in a playgroup*

How did you hear about GLECPTA? _____

Do you have a friend who might be interested in finding out more information on the GLECPTA?

Name _____ Email address _____

Parental Authorization and Waiver

I, the undersigned parent or legal guardian of _____, hereby give approval for said child/children to participate in any and all activities of the Greater Lewisville Early Childhood PTA (GLECPTA). I assume all risks and hazards incidental to such participation including, but not limited to, transportation to and from said activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the GLECPTA, its officers and members, the location of the meetings and events, its members and governing body, and any other person or persons authorized by the GLECPTA in connection with said activities, from any and all claims that could arise out of any injury to said child/children during any meeting, time spent in nursery, any field trip or any other activity sponsored by GLECPTA.

I also grant permission to the above named personnel to authorize or obtain medical care from any licensed physician, hospital or medical clinic should the child become ill or injured while participating in any GLECPTA activity while away from the home of the child, or at other times when neither parent or guardian is available to grant authorization for emergency treatment.

Signature of Parent or Guardian

Date

Relationship to Child/Children

Hold Harmless Agreement

I, the undersigned, do hereby declare that I will be participating in various activities of the GLECPTA. I assume all risks and hazards incidental thereto including, but not limited to, transportation to and from said activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless the GLECPTA, its officers and members, and the location of meetings and events, its members and governing body and any other person authorized by the above from any claim arising out of any injury during any meeting, field trip or any other activity authorized by the GLECPTA.

Signature

Date

**Please return this form along with a check for \$25.00 made payable to GLECPTA to:
GLECPTA—Membership, PO Box 270908, Flower Mound, TX 75027**

Date Rec'd _____ Check # _____ Membership Card _____
For Office Use Only
Receipt # _____ State Dues Pd _____ Entered _____