

Date: _____

PHLiC (POTOMAC HOME LEARNING CIRCLE) - MEMBERSHIP FORM

MEMBER INFORMATION			
PARENTS/GUARDIANS			
#1		#2	
NAME:		NAME:	
ADDRESS:		ADDRESS: <i>(if different)</i>	
PHONE:		PHONE:	
EMAIL:		EMAIL:	
OCCUPATION:		OCCUPATION:	

CHILDREN			
	NAMES	DATE OF BIRTH	GENDER (M/F)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

EMERGENCY CONTACT			
NAME:			
PHONE:		RELATIONSHIP:	

Name: _____

ADDITIONAL INFO

Does your family have any health concerns (allergies, illness, etc.)? *Continue on back if needed*

Does your family have any additional special needs, or are there specific activities you would like to see offered?

INTERESTS, SKILLS & TALENTS

PARENTS:

CHILDREN:

TERMS & CONDITIONS

By choosing the FULL MEMBERSHIP option, I agree to the following terms and conditions:

1. I will attend and/or coordinate at least two group activities per calendar year.
2. I accept the responsibility to be liable for the health and safety of my own children at PHLiC activities.
3. I accept financial responsibility for any damages caused by any member of my family at any PHLiC activity.
4. At group activities, I agree that my family will represent PHLiC positively by following the rules and guidelines set forth by the site at which the activity is held.

Name (printed) _____ Signature _____

Once your membership information has been received, you will receive an email with more details! Welcome!