

# C.H.A.R.T.

## Christian Homeschool Association of Regional Thomasville, Inc.

### 2010-2011 Application for Membership

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Dad's name

\_\_\_\_\_  
Mom's name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

Children's Name

Birth Date (mm/dd/yy)

Grade Level

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following information is requested and will be included in the Membership Directory. It is intended as a resource to fellow CHART members.

Curriculum Used/Homeschooling Style: \_\_\_\_\_

Number of years your family has homeschooled: \_\_\_\_\_

Church that you attend: \_\_\_\_\_

Name of any Home-based business/Self-Employment/Occupations you'd like listed:

\_\_\_\_\_

\_\_\_\_\_

-----Co-Op Use Only-----

Membership Type: \_\_\_ \_\_\_ \_\_\_ \_\_\_  
                          SPS  FPL  NM  RM  
Mem: \_\_\_ Evt Day: \_\_\_ Sk Bd: \_\_\_ En. Prog.: \_\_\_

PPA: Date: \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Check: \$ \_\_\_\_\_  
PPB: Due 8/7: \$ \_\_\_\_\_ 10/8: \$ \_\_\_\_\_



# CHART Emergency Health Care Release

Dear Parents,

You are expected to accompany your children in sponsored field trips and activities, especially those in the K-6<sup>th</sup> grades. When it is otherwise appropriate for your child to participate without your presence, this form should be filled out and given to the activity Coordinator. We pray that no one will be injured, yet we all realize scrapes, scratches and stings do happen. This form is not a release for liability, but it is simply a parental authorization statement for medical treatment of non life-threatening instances (such as stitches) where it would be prudent to bring a child to a doctor/clinic/hospital. You must have one filled out for your children, or they will not be allowed to participate in the field trip/activity.

**If your child is under 18, and you will not be accompanying him/her on field trips and other events, please fill out this section:**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Phone # in case of emergency (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Child's Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

List any special needs, allergies or medical problems: \_\_\_\_\_

**Health Insurance Information:**

\_\_\_\_\_  
Name of Insurance Company                      Name of Insured                      Policy/Card Number

I, \_\_\_\_\_, parent/guardian of above named minor child/children, authorize members/representatives of the Christian Homeschool Association of Regional Thomasville, Inc. as sponsors of field trips/events to consent on my behalf to any and all treatment deemed necessary by any physician, surgeon, or other provider as licensed under the Medical Practice Act or similar scope of practice stature should my child/ward suffer accident, illness, or other medical emergency in my absence.

# CHART LIABILITY RELEASE FORM

## Release of All Claims

In consideration for being accepted by Christian Homeschool Association of Regional Thomasville, Inc. (CHART) for participation in any activities, I, being the parent or legal guardian of the below named child-participant(s), do for myself and on behalf of my child(ren), hereby release, waive and forever discharge CHART, the meeting facility, and the directors, employees or agents thereof, from any and all liability, claims or demands for emotional or personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or their child-participant(s) that occur while participating in any activity or trip.

The undersigned hereby agrees to hold harmless and indemnify CHART, its directors, employees and agents, for any loss, liability, damage or cost they may incur as the result of the negligent, willful or intentional acts of said participant(s).

I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

I further expressly agree that the foregoing release is intended to be as broad and inclusive as is permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign this release and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.**

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print full name of all participant(s): \_\_\_\_\_

\_\_\_\_\_