

Christian Home Educators Connection (CHEC) Membership Agreement & Waiver 2018-2019

NOTE: please print legibly; use blue or black INK only

Parents' Names: _____ [_____]
WIFE HUSBAND LAST NAME

Address: _____

City, State: _____ Zip _____

Phones: Primary - _____ (Cell) (Home) (Other)

Other - _____ (Cell) (Home) (Other)

Email address: _____
(You cannot be added as a member without an active email address)

List of Homeschooled Children (only) – please use back side for any additional children

Child's First Name	Child's Last Name	Birth date (00/00/00)	Only if high school: Fr – So – Jr – Sr

Non-refundable Membership fees: **\$40 per family**, valid 7/1/18-6/30/19. Membership fees **after 2/1/19**: \$20, valid until 6/30/19. Please make all checks payable to **C H E C**. No waivers accepted without online membership request, found < checonnection.com >. Mail waiver and fees to: **CHEC - ATTN: Membership Director - P.O. Box 5114 - Brandon, MS 39047**

Application Agreement

I agree to support CHEC's purpose and guiding principles, and as a member of CHEC I agree to abide by CHEC's policies, procedures, rules, and decisions. I agree to the Waiver of Liability intending it to apply to all my and my children's involvement in CHEC activities.

Parent's signature _____ Date _____

CHEC Waiver of Liability

I understand that I must be present and responsible for supervising my children at all CHEC recreational and educational activities that my children participate in unless I have authorized in writing an alternative CHEC member parent to act on my behalf and to be responsible for supervising my children. CHEC is not responsible for supervising my children. I agree to indemnify and hold harmless the group, CHEC, and all parents that are members of CHEC, from any liability of any acts done by CHEC or its members, that are reasonably related to the particular recreational or educational activity, while participating in the CHEC support group. I hereby consent to participation of my children in CHEC activities and agree to assume all risks involved. I understand that I am responsible for the health/medical care of my children in the event of an injury or accident during any CHEC activity. I understand that the return of a signed Waiver of Liability is necessary for participation in Christian Home Educators Connection (CHEC).

Parent's signature _____ Date _____

(do not write below this line – office use only)

Rec'd CASH _____
 Check # _____
 M. O. # _____
 PayPal _____
 Entered By: _____

Date Completed: _____