

## SCOPE Family Membership Form (2023-2024)

Parents' Names:				
Full Address:				
Home Phone:				
Mother's Email:		Mother's Cell:		
Father's Email:		Father's Cell:		
Emergency Contact Name:		Relationship:		
Emergency Contact Phone:				
Student Information (As of 9/1/2023)				
Student Name	M/F	Birthdate	Age	Grade
1.				
2.				
3.				
4.				
5.				
6.				

I, the undersigned, do hereby agree to assume all responsibility for my child(ren) while he/she/they are participating in any and all SCOPE classes or activities. I also agree to accept any and all financial responsibility for any medical and/or legal expenses that may occur due to taking part in any co-op activity. SCOPE Co-op, all its members, leadership team, and teachers, as well as the Valley Baptist Church facilities, their staff and members shall be exempt from any/all legal action or financial responsibility due to any injury, etc. that may occur during co-op hours or during any co-op activity.

I understand that participation in co-op activities is strictly voluntary. I also understand that the co-op is run strictly by volunteers, and that I will be expected to fulfill my duties and responsibilities as a member as spelled out in the SCOPE Standards. Failure to do so may result in the loss of member privileges. I understand that the Valley Baptist Church building is being made available for our use during co-op hours and we agree to do our part to leave the building as good as or better than we found it. My child(ren) and I will treat the building, staff, teachers, and leadership team with respect at all times. Any damage, costs or extra cleaning fees charged by the church as a result of member negligence will be passed onto co-op members.

\_\_\_\_ **I have read, understood and agree to abide by the SCOPE Rules/Guidelines as stated in the SCOPE Standards.**

\_\_\_\_ **I give SCOPE permission to take pictures of my child(ren) at SCOPE class days and events and use said pictures for promotional purposes, including but not limited to the SCOPE website and in print. \_\_\_\_\_ Facebook**

CURRENT FEES - Family Membership Fee of \$60, regardless of the number of children (non-refundable) and a Volunteer Fee of \$80 (refunded at the end of the year if all 6 hours of volunteer time are completed). A \$35 check written to "Valley Baptist" as an in-kind donation for the use of the church for our SCOPE classes is also due at the Required SCOPE Orientation Night on August 31, 2023.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use Only:** Date \_\_\_\_\_ VB check # \_\_\_\_\_

*Updated July 2023*