



Parents AT Home, Inc.
Membership Registration Form

Today's Date: _____

Please return your completed registration form and the annual fee of \$30 to: PATH of Mount Airy
 P.O. Box 1003
 Mount Airy, MD 21771

Make checks payable to "PATH of Mount Airy".

The information marked with an asterisk () will be included in the Club roster. The other information will help us plan future meetings and activities.*

*Name: _____

*Address: _____

*City: _____ *State: _____ *ZIP: _____ County: _____

*Phone: _____ *Email: _____

Secondary phone: _____ Village/Neighborhood: _____

How did you hear about Parents AT Home, Inc.? _____

About You

Birthday: _____ Home Town: _____

Special Interests: _____ Skills/Talents: _____

Previous or Current Employer: _____

College Attended: _____ Major: _____

Foreign Languages Spoken: _____

About Your Family

*Spouse's Name: _____

Spouse's Field/Place of Employment: _____

Children:

<i>*Name</i>	<i>*Birthday</i>	<i>Allergies</i>	<i>Special Needs</i>

Pets: _____

Please continue on the next page.

Playgroups

Would you like to be contacted about joining a playgroup? Yes No

If yes, please answer the following questions. We will make a strong attempt to accommodate all your needs and requests.

<i>Days/times available: (circle all that apply)</i>			<i>Preferences: (circle all that apply)</i>		
Monday	morning	afternoon	Are you willing to be a contact person?		
Tuesday	morning	afternoon	Yes No		
Wednesday	morning	afternoon	Structured group	Unstructured group	
Thursday	morning	afternoon	Boys only	Girls only	Both
Friday	morning	afternoon	Other: _____		

Photo Release

During my year's membership, PATH has my permission to use photographs or video images taken of my family and me during PATH events. The photographs or video images *may be used* in the password-protected area of our website to share only with other PATH families.

Member's signature

Date

___ ***I do not want*** any photographs or video images of myself or my family to be used in the password-protected area of our website to share only with other PATH families.

Member's signature

Date

Participation/Liability Rules

I, the undersigned, agree that my participation and the participation of any members of my family in any function or program of Parents AT Home (PATH) is completely voluntary, and I hereby give permission for my family and me to join in those functions and programs. My family shall hold harmless the Parents AT Home, Inc. organization, PATH volunteers or representatives, and/or the providers of any function or program location and/or materials from any liability and/or responsibility for any accident or illness that occurs during, or as a result of, any function or program. I accept that the final responsibility for my safety and that of my family rests with me. I agree to provide at least one meal per year to a PATH member in our TLC program if needed. I also agree to give one hour of my time per year within the organization.

Member's signature

Date