



MEMBERSHIP APPLICATION

Name: _____ Birthdate: _____

Address: _____ City/Zip: _____

Home Phone: _____ E-Mail Address: _____

Occupation: (Past Present): _____

Hobbies, interests and skills:

Spouse's name and occupation: _____

Children's names:

Children's birthdates:

_____	_____
_____	_____
_____	_____

How long have you lived in the area? _____ Moved from where? _____

How did you hear about Milpitas Moms and Tots:

WAIVER & INDEMNIFICATION AGREEMENT

In consideration for joining Milpitas Moms and Tots, we agree:

1. To release Milpitas Moms and Tots from all responsibility to supervise, train, inspect, warn of conditions or take adequate precautions to ensure the safety of the children and adults participating in Milpitas Moms and Tots activities. We recognize it is the exclusive responsibility of each adult person to provide for and ensure their own safety and the safety of any children under his or her responsibility/control;
2. To indemnify and hold Milpitas Moms and Tots harmless from any claim of responsibility, injury or damages for any act or event causing, or allegedly causing injury to myself, my child or children, or to any other children that I bring to a Milpitas Moms and Tots activity;
3. To indemnify and hold Milpitas Moms and Tots harmless from any claim of responsibility, injury or damages for any act or event by myself, my child or children, or any other children that I bring to a Milpitas Moms and Tots activity, causing or allegedly causing injury to another person.

Date: _____
Mother's Signature _____ Father's Signature _____

Non-refundable Annual Dues: \$35.00 registration

Check here if you do NOT want the information on this application to be included on the membership roster that is released to the general membership.

Mail this signed Application and your check payable to "Milpitas Moms and Tots, to:

Membership VP, Milpitas Moms & Tots, 88 S. Park Victoria, PMB #150, Milpitas, CA 95035-5723

Date received: _____
