New Member Form and Parent Agreement

	Office Use Only																
Club/Class Name																	
Chairperson	Chairperson																
Date Chairperson																	
Parent/Guardian Street Address City												 I have received and will go over meeting roles and speeches with my child(ren). I will join the email (or other) communication method set up for this club/class, I will be aware of my child's scheduled meeting roles, and date/ time/location of upcoming meetings. My child will arrive on time for meetings, and we agree to abide by the club/class commitments scheduled for my child. 					
State/ Zip Code/ Province Postal Code												 If I need to change my child's commitment, I will follow this club/ class's protocol in this regard. 					
Home Phone Cell Phone												I, the undersigned, do hereby consent and agree that 1) The Chairperson or his/her employer takes complete responsibility for this public speaking club/class, and Speakers League is solely a provider of curriculum and online training to the Chairperson. I release and discharge Speakers League governing bodies, and representatives from any liability for the intentional or negligent acts or omissions of any Chairperson, member's parent,					
Email												m of	ember, or o	officer of this eakers Leag	s club/class or of gue. 2) The Chai	ther clubs/clast rperson of this	sses, or any s club/class,
st child's full name Nickname for name card M F												his/her employees, or agents have the right to take photographs, videotape, or digital recordings of me and and my child(ren), named above during scheduled meetings and related activities of the club/class and to use these in any and all media, now or hereafter known. 3) I further consent that my name and my child's					
Child's email (for online training and notifications – can be parent's) Date of birth										_							
2nd child's full name Nickname for name card M F										\dashv	or	commenta	ry. I do her	be revealed there eby release to the ees all rights to e	e Chairperso	n and his/	
Child's email (must be different from 1st child's email) Date of birth									\dashv	CC	pies. I und	erstand tha	licly or privately a t there will be no	financial or o	other		
8rd child's full name M F Nickname for name card									\dashv	remuneration for recording me or my child(ren), either for initial or subsequent transmission or playback. I also understand that the Chairperson is not responsible for any expense or liability incurred as a result of my participation in this organization or recording, including medical expenses due to any sickness or injury incurred as a result. I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.							
Child's email (must be different from 1st and 2nd child's email) Date of birth																	
Paid online		Credit Card	_		Che	ck _		Cash		Oth	ner	_	Parent/Guardia		•		Date
												ļ					_
Expires MMYY CVC Code												Witness signature (cannot be Chairperson) Date					
			Notes	3													
Billing address	Billing address for card: Check here if same as above													Materials Fee	Dues per (circle) Month Year Meeting Level Other	Amount due with this application	
A photo or copy of	this fully-e	executed agr	eeme	ent sha	all be r	provided	to the	e pare	ent/a	ıardiar						Amount that will be charged, per period, to your credit	