



Broward Christian Homeschoolers, Inc. 2008/2009 Family Membership Application

(Application Must Be Signed & Witnessed)

Parent or Legal Guardian Name(s): _____

Street Address: _____

City, State & Zip Code: _____

Phone Number: _____ Cell Number: _____

E-mail Address: _____

BCH's announcements and monthly newsletter are sent via e-mail.

BCH's Members Directory only includes member's name, city, and telephone number and does not include e-mail addresses.

Curriculum/Materials Used: _____

Child(ren)/Student(s) Name(s) and Age(s)

1) _____ 5) _____

2) _____ 6) _____

3) _____ 7) _____

4) _____ 8) _____

Membership Fees: 2008-2009 School Year

BCH Membership (If registered between July 1st - August 15th):	\$20.00
BCH Membership (If registered between August 16th - March 31st):	\$25.00
FPEA Membership – (Optional , but BCH recommends membership):	\$18.00
Homeschool Education Foundation HEF (Homeschool Lobbyist Optional Donation)	\$
Total Amount Enclosed:	\$ _____

***Note: Please make checks payable to "Broward Christian Homeschoolers". Membership fees are non-refundable.**

Membership expires June 30, 2009.

Please mail completed and signed application, along with membership fees to the below address .

RELEASE OF LIABILITY

BCH members are responsible for the behavior and safety of their children, any child left in their care and/or any child accompanying them to any Broward Christian Homeschoolers' event, activity and/or field trip. We ask that you be respectful to all facilities you attend and to the host. Please consider the activities involved in each field trip and the suggested age level. Each participant must assume the risk of physical injury and/or loss of property that could result by participating in any Broward Christian Homeschoolers' activities and/or events.

I have read this Release of Liability and understand that participation in events, field trips and activities is voluntary. I release Broward Christian Homeschoolers, its Board of Directors, volunteers and assignees from all liability for any injuries, loss and/or damages to myself, family, personal property, or dependents as a result of participating in any BCH coordinated and/or sponsored event, field trip or activity. My witnessed name and signature certifies I am the parent/legal guardian of the above named child(ren)/student(s) and that I agree to the terms and conditions of being a member of the Broward Christian Homeschoolers (BCH).

Signed: _____ Date: _____

Name (Please Print): _____

Witnessed By: _____ Date: _____

Name (Please Print): _____

Broward Christian Homeschoolers, Inc. (BCH)

1215 Lincoln Street, Hollywood Florida 33019

Tel #: (954) 920-2530 Fax #: (954) 920-3729

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