

ONLINE RE-ENROLLMENT FORM ONLY – This form is to be used after the 1<sup>st</sup> year of membership

*Peaches Girls Co-Op*

Co-op applying for: Peach Blossoms or Peach Posse'

1. Childs Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

2. Childs Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Cell) \_\_\_\_\_

Child Allergies: 1. \_\_\_\_\_

2. \_\_\_\_\_

Any additional information: \_\_\_\_\_

Emergency Contact (after parent): \_\_\_\_\_

Name(s) of others who have permission to pick up your child(ren):

PLEASE make them aware they will need to present ID.

1. Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

I am participating upon the agreement and understanding that I am hereby waiving and releasing both the meeting facilities and The Peach Blossoms/ Peach Posse' Girls Co-Op Program, its employees, participants and affiliates, from any and all claims, costs, liabilities, expenses, judgements, attorney fees and court costs, if there are illnesses or injuries arising out of our families participation in their program.

I also release the meeting facilities and The Peach Blossoms/Peach Posse' Girls Co-Op Program against any and all claims except illness and injury resulting from gross negligence or willful misconduct on the part of either the meeting facility or Program.

\*I (circle one) agree / disagree to have photos of my child on the Peaches website, flyers and/or brochures to be used for advertisement purposes only.

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

How did you hear about us?  Internet  Charter member  PGC event

**\$40 Annual Membership Fee**

I have paid my Registration fee via Paypal at: [paypal.me/peachescoop](https://www.paypal.me/peachescoop)