



WeEMBRACE

Where acceptance emphasizes possibilities!

Membership Form

Please fill this Mandatory form to be part of WeEMBRACE groups. . Please send the completed form to info@weembracefamilies.org . Any questions please call us at **5103866842**. Based on your(parent) and your child interests to the programs offered by WeEMBRACE, we will email you the intake questionnaire.

Full Name of the child/adult child: _____ Date of Birth : _____

Name of Parent(s)/Guardian Name (s): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: (Home) _____ (Cell) _____

Emergency contact number(s) other than above ,if any, _____

Primary care Physician Name and Number :

Preferred Hospital ,in case of Emergency, :

Email: _____

Subscribe to Mailing list: Yes No Facebook group Yes No

Please check (optional) the upcoming WeEMBRACE programs that you and your child would like to participate.

For more information on our programs, please visit our website www.weembracefamilies.org , Facebook page

WeEMBRACE inc or email us info@weembracefamilies.org or call us at 5103866842 .

Rock n Roll Dance Buddy Match Program (1:1) Summer Program July 16,17,18,19 and July 23,24,25 and 26 Arts and Crafts Lego club Yoga Bowling Social Cooking Social Siblings Playgroup Zumba Workshops Social Events Picnics Annual Event

Emergency Treatment and Liability Release

- By signing this registration form, you acknowledge that you understand that WeEMBRACE – Board Members, Instructors and other professionals involved in a WeEMBRACE program/activity do not provide any accident or health coverage of its students and volunteers. In case of emergency , if you or your child were to become injured while attending or participating in a WeEMBRACE program/activity or event, we will call 911 and call the person listed for emergency contact and you agree to give permission for us to provide your child or adult child information to 911 to a licensed physician, surgeon, clinic or hospital to secure proper treatment for the registered individual and assume the responsibility for all the medical expenses, if incurred.
- You understand that WeEMBRACE does not provide any legal , therapy or medical advice. We are individuals who have the passion to create a unique program that will benefit our students through the activities. Each WeEMBRACE activity is designed by a professional or designed in consultation with a professional. They will continue to remain as consultants for the program. All volunteers and other staff are trained accordingly. The specialists DO NOT provide any direct services. WeEMBRACE has the right to refuse services to any one at their discretion.
- You agree to issue release, forever discharge and agree to hold harmless WeEMBRACE – Board members, Instructors and other professionals involved in a program/activity, thereof from any and or all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses of any nature whatsoever which may be incurred when you/your child is participating in the class.

Parent /Guardian Signature:

Date:

Read and Sign Below:

I give my permission to WeEMBRACE – Board Members, Instructors and professionals involved or a representative to film, photograph or tape me and/or my child during any WeEMBRACE program/activity or events promoting WeEMBRACE.

Parent/ Guardian Signature:

Date:

Disclaimer – WeEMBRACE is a non-profit, family support volunteer driven organization. We are not legal services or medical agency and cannot provide medical advice or legal advice or legal representation. Any information provided by WeEMBRACE BOARD members or volunteers in any form is not intended as legal or medical advice.