



## WeEMBRACE Membership Form

Name of the child/adult child :

Age of the child/adult child :

Name of Parent/Guardian Name (s):

Address:

Phone (Home):

Cell :

E-mail:

Subscribe to WeEMBRACE Mailing list :

Please send the completed form to [info@weembracefamilies.org](mailto:info@weembracefamilies.org)

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Please check the upcoming WeEMBRACE programs that your child would like to participate . For more information on our programs, please visit our website [www.weembracefamilies.org](http://www.weembracefamilies.org) or email us [info@weembracefamilies.org](mailto:info@weembracefamilies.org) or call us at 5103866842 .

Bollywood/Hip-hop Dance  Buddy Match Program (1:1 )  Arts and Crafts workshop  Social skills group  Yoga  Bowling Social  WeEMBRACE Chefs  Siblings Playgroup  Zumba  Music  Band  Playgroup for 5 and under  Vocational Class for 16 and Above  Social Events

### Emergency Treatment and Liability Release

- By signing this registration form, you acknowledge that you understand that WeEMBRACE – Founders, Instructors and professionals do not provide any accident or health coverage of its students and volunteers. In case of emergency or if you or your child were to become injured while attending or participating in an WeEMBRACE class or event, you give permission 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 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 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 – Founders, Instructors and professionals 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.

Participant /Parent Signature:

Date :

### Read and Sign Below:

I give my permission to WeEMBRACE – Founders, Instructors and professionals or a representative to film, photograph or tape me and/or my child for 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.**