



PERSONAL INFORMATION	
Last Name, First	Date of Birth
Address	City, State, Zip
Phone Number	Email Address
PARENT/GUARDIAN INFORMATION	
Last Name, First	Email Address
Relationship to Minor	Phone Number
ACKNOWLEDGEMENT & CONSENT	
<p>I, the undersigned parent or legal guardian, hereby grant permission for my minor child to become a member of the Commonwealth of Dracul community organization. I acknowledge that:</p> <ol style="list-style-type: none">1. My child will participate in an educational community both in-person and/or online.2. All members undergo a background check for the safety of the community.3. The organization is not liable for any personal injury, loss, or damage incurred during participation.4. I understand I may withdraw my consent at any time by providing written notice.5. I understand that my child may be terminated from the community for poor behavior. <p>By signing below, I affirm that I have read, understood, and agree to the terms of this form.</p>	
Parent/Guardian Signature	Date:
Minor Applicant Signature	Date
FOR OFFICE USE ONLY	
Background Check Completed <input type="checkbox"/> YES <input type="checkbox"/> NO	Approved By:
Date of Approval	Notes:

*For more information, visit www.draculgov.com
Membership is free; there are no dues
Members must remain active throughout the year*

Please send via email to: gsa@draculgov.com

You may send this as a letter to: 251 W. Independence Ave, League City, TX 77573