



South Coast Christian Home Educators Membership Form - 2009/2010

New
Renewal
Summer

To become a member of South Coast Christian Home Educators (SCCHE) and subscribe to our MyFamily.com private website, please complete this form and mail it with your dues payment to the address listed below.

Last Name: _____ First Name: _____

E-mail address: _____

Gender: F _____ M _____ Birthdate: _____

(Please Note: The above information is required to enroll on our MyFamily.com website. It will be included on the MyFamily.com website and will be available for other SCCHE members to access.)

Membership Fees

- _____ Annual dues (if joining during September through March). Includes membership in B.E.E. \$ 30.00
- _____ Reduced dues (if joining during April through June). Does not include membership in B.E.E. . . . \$ 15.00
- _____ FREE membership for July and August. Does not include membership in B.E.E. \$ 0.00

**Make your check payable to SCCHE or South Coast Christian Home Educators and mail with these forms to:
P.O. Box 80224
Rancho Santa Margarita, CA 92688**

For first time members - Once your membership form has been received, you will be contacted via e-mail with an invitation to the MyFamily.com website containing your log-on information. Please allow up to two weeks for processing your membership form.
For continuing members - There will be no interruption in your access to the MyFamily.com website.

Important: I have read the Rules and Regulations, Website Policy, and Field Trip Guidelines (available at www.scchomeeducators.org under "Policies") and agree that when participating in this group I will accept these standards. Photos may be taken and videos may be produced and used for future publicity. By signing this form, I am giving permission for any photos or videos of my family to be included in future publicity. Additionally, I agree not to hold any SCCHE leaders responsible for accidents or injuries that I or my family members may suffer while participating in any SCCHE activities.

Signed: _____ Date: _____

Additional required information - The following information is required to join our group; however, you may choose to exclude this information from the MyFamily.com website. Please indicate if this information may be included on the MyFamily.com website for other members of our group to view. **Yes, okay to include** **No, don't include**

Street address: _____

City and Zip Code: _____

Home phone: _____ Cell phone: _____

Personal Information - The following information is necessary for our group insurance. Please indicate if this information may be included on the MyFamily.com website for other members of our group to view. **Yes, okay to include** **No, don't include**

Spouse's name: _____

Children's names: _____ Birthdates: _____

(continue on back, if necessary)

Other Required Information -- Choose from one of the following, as applicable.

Private School Affidavit (R-4) Independent Study Program (ISP/PSP) Public Homeschool/Charter

School name: _____



B.E.E. (Bixby Educational Events) Membership Form

2009/2010

B.E.E. is a business that serves homeschool families by planning and providing professional shows and events available only to school groups throughout the year. These educational shows and events are appropriate for a diverse spectrum of educational styles and philosophies.

Last Name _____ First Name _____

Phone _____ Email _____

Address _____

City _____ State CA Zip _____

Please include information on your child(ren). age range _____ # of child(ren) _____

Important Waivers For Publicity & Risk – Please Read and Sign:

Publicity: Photos may be taken and videos may be produced and used by B.E.E. for future publicity. By signing this form, I am giving permission to B.E.E. for any photos or videos of my family that may be included in future publicity. _____ (initials to agree)

Waiver and Assumption of Risk:

I, _____, the Participant of any educational event organized or authorized by Bixby Educational Events, (herein referred to as B.E.E.), do voluntarily sign this waiver and assumption of risk in favor of the following business, B.E.E. in consideration for any and all of the following:

1. The opportunity to use facilities, owned, leased, or operated by the business and/or
2. The opportunity to receive instruction in an activity from the business employees and/or volunteers, and/or
3. The opportunity to engage in the activities sponsored or conducted by the business.
4. Agree to hold harmless B.E.E., any employees and/or volunteers from any conduct which may be injurious, damaging or insulting to myself or others with me whether intentional or unintentional from the performers

I fully understand that there are certain risks and dangers associated with the facilities, instructions, equipment, travel, and/or activities that cannot be eliminated regardless of the care taken to avoid injuries and that these risks and dangers have been fully explained to me. I fully understand the risk and dangers involved. I fully assume the risks and dangers involved as acceptable to me, and I agree to use my best judgment in undertaking these activities, and I agree to follow all safety instructions. I waive, release, covenant not to sue and agree to indemnify and hold harmless the business of B.E.E. from any claims, actions, suits, costs, expenses, damage or liabilities, including attorney fees or personal injury, property damage, accidents, illness, death, or any incidental damages that may arise from my use of the facilities, equipment or from my participation in the activities or receipt of instructions.

I am a competent adult, over the age of 18 _____, and I assume these risks for myself and my family under my supervision of my own free will. I have read this Waiver and Assumption of Risk and I understand its terms. I understand that I am giving up substantial rights, and I acknowledge that I intend by my signature that this to be a complete and unconditional release of all my ability to the greatest extent allowed by law.

Signed by Customer: _____ Date: _____

Print Name: _____