

SLMG Registration 2018-2019
Please PRINT clearly.



New Member: _____ Member Since: _____ Year Registered: _____

Name: _____

Address: _____

Telephone: _____ Email: _____

(I hereby give permission for my email address to be distributed within the SLMG)

Signature: _____

Child's Name	Child's Age	Attends Mondays (Y/N)	Attends Play Group (Y/N)

MEMBERSHIP CATEGORIES (please select one)

Fees can be paid by cash or cheque made out to 'South Leaside Monday Group'

Option 1: FULL Member

Includes all Monday meetings, playgroups, book club, social events and member perks.

Starting September \$140

Starting January \$100

Option 2: SOCIAL Member

Includes up to four (4) Monday meetings, playgroups, book club, social events and member perks.

\$75

How did you find out about this group? _____



Would you be interested in joining the executive ?	YES	NO
Are you interested in participating in the book club ?	YES	NO
Are you interested in joining a running club?	YES	NO
Are you interested in joining a stroller-walk group?	YES	NO
Are you interested in joining an informal weekly park date ?	YES	NO
Are you interested in joining a NETFLIX club?	YES	NO
For planning purposes, to the best of your knowledge, will you be continuing with SLMG in January?	YES	NO

PLEASE NOTE:

To show respect to our speakers and members, all children must be in child care, except actively nursing babies.

WAIVER, RELEASE and INDEMNITY

To: Members of South Leaside Monday Group (Trace Manes Centennial Building)

Re:

(name of child/children)

And

re: _____

(name of member)

This letter is your complete authority to allow both myself and my child/children to participate in all activities sponsored by the South Leaside Monday Group (the "Group") and its members.

I agree that the Group, its members and child care providers and the City of Toronto shall not be held responsible nor have any liability whatsoever for any injury to myself or my child/children or for any loss or damage to my child's/children's property howsoever and wheresoever caused.

The provisions hereof shall ensure to the benefit of and be binding upon the Group and the undersigned and their respective heirs, executors, and administrators, successors and assigns.

In witness whereof the undersigned has executed this Waiver, Release and Indemnity on this _____ day of _____, 20____.

SIGNED, SEALED AND DELIVERED In the presence of

(Member's signature)

(Witness's signature)

(Member's printed surname)

(Witness's printed surname)