

# Chapel Hill Homeschoolers Directory Information and Application

Today's Date \_\_\_\_\_

**Annual dues:** \$20 for membership

**Mail completed application and check (made payable to Chapel Hill Homeschoolers) to:**

Lynne Millies  
2917 Ericka Dr  
Hillsborough NC 27278

**Family Name** (Name you want to be listed under in the directory): \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(City) (State) (Zip)

**Phone Numbers to be listed in the Directory:**

\_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

**E-mail Address:** (Your e-mail address will be added to the CHH Yahoo E-mail Group)

**Parent Name:** \_\_\_\_\_ **Parent Name:** \_\_\_\_\_

**Family Interests/ Curricula:** \_\_\_\_\_

<b>Children:</b>	(Name)	(Date of Birth)	(Interests)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

---

## WAIVER OF LIABILITY

*I hereby release Chapel Hill Homeschoolers and its leadership, members, volunteers (referred to collectively here as "CHH"), from any and all liability for damage or injury to my children or myself or to any person or property during the time of my children's attendance at CHH activities whether or not such damages were sustained in connection with any CHH activities. I hereby agree to indemnify and hold harmless CHH from any claims, including the cost of expenses, arising in connection with injuries or damage sustained by my children or me.*

*I assume full responsibility for my children's behavior, for assuming their supervision during CHH activities, and for any damage or injury caused by my children's actions.*

**Parent/ Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(signature of both parents/ guardians is required if both have joint custody in cases of divorce)

**Refusal to sign the Waiver of Liability will result in denial of membership.**