



New Member Information Form
(Welcome to TTP! Please complete promptly for our membership records)

Name: _____ Date: _____

Address: _____ Phone: (____) _____

Email: _____

Spouse/Partner Name: _____ Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

Children Information: (Please list the names and birth dates of any children that may be attending playgroup. In addition, please tell us about any food allergies or medical conditions that we should be aware of.)

Name of Child	Birthday	Food Allergies/Medical Conditions
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Liability Waiver

I understand that I am solely responsible for the safety and well being of myself, my child(ren), and guests at all Teeter Toddlers Playgroup activities, regardless of the location. I further agree to hold harmless St. Mark's United Church of Christ, 222 E. Spring Street, New Albany, IN and Teeter Toddlers Playgroup, or any TTP member thereof against any claim or injury.

Signature: _____ Date: _____