

Mother-Daughter Network

[MDN]

MDN Rep:		Date:
Referred by:		Member #:

Mother's/Guardian's Name:			
Address:			
City/State:	Zip Code:	Email Address:	
Home No.:	Work No.:	Cell No.:	
What activities would you like to explore?			
What cuisines would you like to try?			
What places would you like to learn about?			
What are your other interests?			

Please list any and all medications, allergies, symptoms, conditions and/or ailments:

Daughter's Name:			D.O.B.:
Grade:	School:		
What activities would you like to explore?			
What cuisines would you like to try?			
What places would you like to learn about?			

Please list any and all medications, allergies, symptoms, conditions and/or ailments:

Daughter's Name:			D.O.B.:
Grade:	School:		
What activities would you like to explore?			
What cuisines would you like to try?			
What places would you like to learn about?			

Please list any and all medications, allergies, symptoms, conditions and/or ailments:

Daughter's Name:			D.O.B.:
Grade:	School:		
What activities would you like to explore?			
What cuisines would you like to try?			
What places would you like to learn about?			

Please list any and all medications, allergies, symptoms, conditions and/or ailments:

EMERGENCY CONTACT INFORMATION

Emergency Contact: (Full name)	
Relation:	Address w/Zip Code:
Home Number:	
Work Number:	
Cell Number:	
Family Doctor's Name:	
Family Doctor's Address:	
Family Doctor's Office No.:	
Emergency Contact: (Full name)	
Relation:	Address w/Zip Code:
Home Number:	
Work Number:	
Cell Number:	
Family Doctor's Name:	
Family Doctor's Address:	
Family Doctor's Office No.:	

I hereby give my children(s) listed on this member form permission to participate in Mother-Daughter Network [MDN] events and activities. I accept full responsibility for my children's safety and care. I, my relatives, associates, friends, heirs, and representatives promise to release Mother-Daughter Network [MDN] and its officers, representatives, and volunteers free of any responsibility or cause for any harm, injury, discomfort or inconvenience my children may encounter. I promise to pay membership dues on time and I accept late charges for membership dues not paid in a timely manner. I understand that my/our membership may be cancelled at any time at the discretion of Mother-Daughter Network [MDN] and its representatives. I agree and promise that I and my children and guests will behave in a manner that is courteous, respectful, cooperative, and not-disruptive or harmful, and I will not cause damage, destruction, or danger to any facility(ies) wherein Mother-Daughter Network [MDN] participates, visits, or attends. I understand that as a participant(s) in Mother-Daughter Network [MDN] events and/or as a member(s) I am in no way qualified and/or authorized to represent or speak on behalf of Mother-Daughter Network [MDN] at any time to any person(s) or source(s).

Parent's/Guardian's Signature:	Date:
Parent's/Guardian's Name (Printed):	Date:
Signature Witnessed by (Mother-Daughter Network Representative):	Date:
ID Presented by Parent/Guardian:	

Mail both original completed, signed, forms to: Mother-Daughter Network, 113 Pavonia Ave., Suite 291, Jersey City, NJ 07310-1756