

2016 - 2017 FILA Membership Application

Parent	Cell
Parent	Cell
Home Phone #	Preferred Phone#
Email	
Address Street/City/Zip	

I am applying for the following membership:

Voting - I have completed all requirements per FILA Constitution and qualify as a voting member.

Non-Voting/Provisional - I have not yet completed all requirements for voting membership.

I hereby acknowledge that I have read and understand the Constitution and Policies & Procedures as presently constituted for Families Inspiring Leaders Academy. I also agree to abide by the Constitution and Policies & Procedures as a member of this organization. My signature below constitutes that agreement.

Sign: _____ Date: _____

To enroll in Families Inspiring Leaders Academy, you must agree to the following: FILA, its members and instructors, and Bethlehem Lutheran Church, assume no liability and make no assumptions of risk for anyone attending Families Inspiring Leaders Academy. In addition, parents are directly responsible for the actions of their children. Compensation for injury or damages, either deliberate or accidental, shall be borne entirely by the responsible family. My signature below constitutes that agreement.

Sign: _____ Date: _____

Students Enrolling

Student Name	Birthdate
Student Email	Student Cell

Student Name	Birthdate
Student Email	Student Cell

Student Name	Birthdate
Student Email	Student Cell

Attach Second Page for Additional Students

Family Name:

Students Enrolling, cont.

Student Name	Birthdate
Student Email	Student Cell

Student Name	Birthdate
Student Email	Student Cell

Student Name	Birthdate
Student Email	Student Cell

Student Name	Birthdate
Student Email	Student Cell

Student Name	Birthdate
Student Email	Student Cell

Student Name	Birthdate
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Student Name	Birthdate
Student Email	Student Cell

Student Name	Birthdate
Student Email	Student Cell

Student Name	Birthdate
Student Email	Student Cell