



Home Education Associational Resources, Inc.
 PO Box 2442 Rockwall, TX 75087 www.hearockwall.org

Office Use Only:		
Amount _____	CC/PayPal _____	
Date Entered _____	Year _____	

.. Membership Application

The Home Education Associational Resources, Inc (H.E.A.R.) is a Christian-led organization of home schooling families. We exist to support and promote the home education of school-age children. The membership year is August 1– July 31.

Member Information

Membership dues are paid online through PayPal. Upon receipt of this application, you will receive an invitation to join BigTent, and a link to the HEAR PayPal account for payment. Dues for the current school year are as follows:

Before July 1	\$20.00
After July 1	\$25.00
After January 1	\$15.00 (pro-rated for joining mid-school year)

PLEASE MAIL YOUR APPLICATION TO THE ABOVE ADDRESS.

Last Name: _____

Dad's Name: _____ Mom's Name: _____

Address: _____

City: _____ State: TX Zip Code: _____

Telephone: (____) _____

MANDATORY—Email Address: _____

Child's Name	Grade	Gender	Child's Name	Grade	Gender
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How many years have you homeschooled? _____

I have read and discussed with my spouse the H.E.A.R. Code of Conduct and Organization, located on the website, and we agree to abide by the Code of Conduct and Organization. I have also read and discussed with my spouse the H.E.A.R. Statement of Faith, located on the website, and understand that the Association is a Christian organization. I and my spouse also agree that H.E.A.R. does not provide or organize transportation to and from H.E.A.R. events and that H.E.A.R. is not liable for any personal injury or property loss that might occur when one H.E.A.R. family transports members of another H.E.A.R. family. Such transportation is a private agreement between the parties and does not involve H.E.A.R. Lastly, I hereby release, hold harmless and indemnify H.E.A.R. (Home Education Associational Resources, Inc.), its agents and representatives from any loss, claim or injury caused by any member of my family listed in this application.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____

**HOME EDUCATION ASSOCIATIONAL RESOURCES (H.E.A.R.)
PERMISSION, LIABILITY WAIVER AND MEDIAL RELEASE FORM**

Throughout the year, H.E.A.R. undertakes a number of field trips and other H.E.A.R. organized or sponsored activities (“Activities”) that involve certain inherent risks. Therefore, we require all families to sign this liability waiver and medical release form. This document: (1) authorizes your family to participate in the Activities, (2) releases H.E.A.R. from any liability should you, your child or any member of your family be injured or incur other damages in connection with an Activity, and (3) pre-authorizes medical treatment for your child in the event of an emergency, if you are not available to authorize treatment. **Please fill out this form completely, sign it in the space indicated and return it to the appropriate H.E.A.R. representative.**

Family Information

Last Name: _____
 Dad’s Name: _____ Mom’s Name: _____
 Address: _____
 City: _____ State: TX Zip Code: _____
 Telephone: (____) _____

Child’s Name	Age	Gender	Health Conditions and/or Allergies
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____

Waiver and Release

I give permission for me, my child and all other members of my family (“Family”) to participate in the Activities. I voluntarily assume any and all risks, known or unknown, associated with my Family’s participation in the Activities. I acknowledge that the Activities may present certain risks and I hereby assume any and all risks associated with such Activities, including, without limitation, the risk of physical injury for members of my Family. I hereby release H.E.A.R., its leaders and teachers from any and all liability and damages that may arise during the Activities. In addition, I authorize all medical, surgical and dental treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures or emergency medical transportation as may be performed or prescribed by any physician and/or paramedics for my child and any other member of my Family and hereby waive the right to informed consent of treatment. This medical waiver applies only in the event that neither parent/guardian set forth above can be reached prior to the administration of the medical treatment.

 Parent’s/Guardian’s Signature

 Date