



2017-18 MOPS Beijing Registration Form

MOPS & MOMSNEXT

EMERGENCY: In the event that I am injured, ill or incapacitated during MOPS and my emergency contact cannot be reached, I hereby give my permission to the physician or dentist selected by MOPS - Beijing to hospitalize, to secure proper treatment, and / or to offer an injection or anesthesia. I release MOPS - Beijing from all liability that may arise from such an incident.

Signature: _____

Date: _____

CHILDCARE: I give my permission for my child to participate with MOPS - Beijing's Childcare Program. I understand that there are inherent risks involved in any group event, and I hereby release MOPS - Beijing, and its paid and volunteer workers from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of emergency where I cannot be reached and my emergency contact cannot be reached, I hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of MOPS - Beijing. I expect to be contacted as soon as possible if such medical care is necessary. Parent

Signature: _____

Date: _____

PHOTOS: I give MOPS - Beijing the right and permission to publish in print, electronic (including internet use), or video format, the likeness of myself and my child(ren), without further consideration or approval from myself. I also waive any right to royalties or other compensation arising from or related to the use of said images by MOPS - Beijing. I release the photographer, their offices, employees, agents, and designees from any liability for any violation of any personal proprietary right I may have in connection with such use.

Signature: _____

Date: _____

First Name: _____ Last Name: _____

Email: _____ Contact Number: _____

Nationality: _____ Language of preference: _____

Apartment Compound: _____ WeChat ID _____

Emergency Contact: Name: _____ Contact Number: _____

Have you attended a MOPS group before? Yes No

If yes, where? _____

How did you hear about this MOPS group? _____

If you need childcare, please list your child(ren)'s name(s) and birthdate(s):

Name: _____ Date of Birth: _____ Allergies Yes No

Name: _____ Date of Birth: _____ Allergies Yes No

Name: _____ Date of Birth: _____ Allergies Yes No

For Group Use Only
Date registration received:
Discussion Group assigned: