CACHE 2026-2027 Membership Form

CACHE, Inc. PO BOX 122, Crawfordsville, IN 47933 www.cachehomeschool.org

Parent's Names:_____

Address: _____

Phone Numbers: _____

Email Addresses: _____

Children's Names: (additional space on next page)	Age	Grade	Will attend Thursday Class Days?
_____	_____	_____	Yes No
_____	_____	_____	Yes No
_____	_____	_____	Yes No
_____	_____	_____	Yes No
_____	_____	_____	Yes No

If a person other than a parent or guardian will be responsible for child at Class Day or other CACHE events, please have them fill out the Additional Adult Waiver and Release of Liability.

Family Membership includes access to: website/FB Group, notification of field trips, Thursday Class Days (class fees are in addition to membership fees and paid directly to teachers), CACHE Lending Library Use, PE class, participation in Fine Arts Night, Special Events, and Moms' Meetings.

CACHE Family Membership for 2026-2027 School Year $60.00 ❑ cash ❑ check

CACHE requires participation in one or more of the following areas. Select all options that you may be interested in. The board will contact you if approved.

__x__Helping with the Fish Booth at Strawberry Festival, 2nd weekend of June 2027 ***REQUIRED***

____Substitute Teacher
____PE Teacher
____Community Service Project Coordinator(s)
____Moms' Meetings Coordinator(s)
____Field Trip Coordinator(s)
____Other_____
____Special Events Committee (plan events such as Fine Arts and Family Nights, Holiday Parties, etc.)
____Yearbook Committee
____Class Schedule Coordinator
____Communications Coordinator(s)
____Box Tops Coordinator(s)
____Board Member*

If participating in Thursday class day, additional obligations to include:

____Monitor duty up to four (4-hr) turns per semester ___am___pm (select preference, not guaranteed)
____Teaching class*
____Cleaning Crew Member
____Other*_____

*** These positions require board approval and may still require monitor duty depending on the need.**

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WAIVER OF LIABILITY AND ASSUMPTION OF RISK:

By signing this form, I understand that I am permitting myself and/or my minor child/children, for whom I am legally responsible, to participate in events and activities organized by Crawfordsville Area Christians Helping Everyone, Inc. (CACHE). I understand that participants can and do suffer injury while participating in these types of events/activities and the injuries can be serious or fatal. I agree to hold harmless CACHE, Inc., its officers, agents, members, and employees in the case of injury or illness suffered by myself or my child/children directly resulting from participating in all events organized by CACHE, INC. I further understand that CACHE, Inc., its members and representatives, are not directly responsible for supervising my child/children during the course of the school year.

I have read the CACHE, Inc. "Waiver of Liability and Assumption of Risk" section and have read, understood, and acknowledge receipt of the CACHE, Inc. CODE OF CONDUCT. I understand and agree to the Volunteer Obligation. I understand that CACHE Homeschool Co-op is intended for families who are actively homeschooling at least one child. CACHE membership requires at least one child per household to receive at least 51% of their education via homeschooling (parent directed, homebased, privately funded education) Indiana classifies homeschooling as non-accredited, nonpublic schools with less than one employee. (IC 20-32-4-4.1; IC 31-33-8-7; IC 20-32-4-20). CACHE reserves the right to refuse or revoke membership.

Signature _____ Date _____

If additional children not listed on page 1 please list them here:

Children's Names:	Age	Grade	Will attend Thursday Class Days?
_____	_____	_____	Yes No
_____	_____	_____	Yes No
_____	_____	_____	Yes No
_____	_____	_____	Yes No
_____	_____	_____	Yes No
_____	_____	_____	Yes No

Completed forms and membership dues may be returned during registration events or mailed to:
CACHE, Inc, PO Box 122, Crawfordsville, IN 47933

2026-2027 Youth Waiver and Release of Liability

In consideration of being allowed to participate in any way in CACHE, Inc. related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) of the participant should inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economical losses which might result not only from their own actions, inactions, or negligence, but in the action, inaction, and negligence of others or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.

4. Release, waive, discharge and covenant not to sue CACHE, Inc., its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/ participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or hers heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT VOLUNTARILY.

Name of all Youth Members/Participants (print) _____

Name of Parent/Guardian _____

Parent/Guardian Relationship (print) _____

Signature of Parent/Guardian _____

Address of Member/Participant _____

Telephone Number of Parent/Guardian _____

Today's Date _____

Completed form may be returned at Back to School Night or mailed to:
CACHE, Inc. P.O. Box 122 Crawfordsville, IN 47933

2026-2027 Adult Waiver and Release of Liability

In consideration of being allowed to participate in any way in CACHE, Inc. related events and activities, the undersigned:

1. Agree that the member/participant should inspect the facilities and equipment to be used, and if the member/participant believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economical losses which might result not only from their own actions, inactions, or negligence, but in the action, inaction, and negligence of others or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.

4. Release, waive, discharge and covenant not to sue CACHE, Inc., its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or hers heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT VOLUNTARILY.

Name of Adult Member/Participant(s) (print) _____

Signature of Member/Participant _____

Address of Member/Participant _____

Telephone Number of Member/Participant _____

Today's Date _____

Completed form may be returned at Back to School Night or mailed to:
CACHE, Inc. P.O. Box 122 Crawfordsville, IN 47933

2026-2027 Additional Adult Waiver and Release of Liability

In consideration of being allowed to participate in any way in CACHE, Inc. related events and activities, the undersigned:

1. Agree that the member/participant should inspect the facilities and equipment to be used, and if the member/participant believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economical losses which might result not only from their own actions, inactions, or negligence, but in the action, inaction, and negligence of others or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.

4. Release, waive, discharge and covenant not to sue CACHE, Inc., its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or hers heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT VOLUNTARILY.

Name of Adult Participant(s) (print) _____

Signature of Participant _____

Address of Participant _____

Telephone Number of Participant _____

Today's Date _____

Names of all Youth Members/Participants and Relationship to Them

_____

_____

Completed form may be returned at Back to School Night or mailed to:
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