



## Parent Support Group (PSG) Enrollment and Acknowledgement

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PSG Name: \_\_\_\_\_ Supporting: \_\_\_\_\_ Term: \_\_\_\_\_

President: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Secretary: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Risk Management Officer: \_\_\_\_\_

*(if not designated, the PSG's **president** defaults to this role):*

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Coach: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Other PSG Officers:

Name: \_\_\_\_\_ Position / Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position / Title: \_\_\_\_\_

Name: \_\_\_\_\_ Position / Title: \_\_\_\_\_

### Acknowledgements (please initial the spaces below)

I understand that:

\_\_\_ In order to be considered a TVHS Golden Bear Foundation (GBF) participant and take advantage of GBF's **services, our PSG will:**

\_\_\_ Pay GBF an annual fee of \$1 per year.

\_\_\_ Provide GBF **with a current list of our PSG's officers, including changes of** personnel to [secretary@tvgbf.com](mailto:secretary@tvgbf.com).

\_\_\_ Participate in at least one GBF-sponsored fundraising event per year. Please indicate which activity your team will participate in:

Restaurant Fundraiser (must provide at least 10 receipts from your group)

Fall Bingo     Spring Bingo     Car Show     Other

\_\_\_ Our PSG is responsible for obtaining its own general liability coverage.

\_\_\_ **GBF's** insurance policies apply only to **GBF's officers and GBF-sponsored** activities.

\_\_\_ **Information on how to obtain "booster club insurance" has been provided to us.**

\_\_\_ We must notify GBF's **VP of Finance** whenever we deposit funds, collect money via PayPal, or need to withdraw funds.

Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_