

Easton Community Center Registration Form

It may be mailed to ECC Programs, 364 Sport Hill Road, Easton, CT 06612, or hand delivered to the ECC Building, or you may register by phone by calling (203) 459-9700.

Visit us at www.EastonCommunityCenter.com

Last Name		Participant Name			Parent Name		
Address				City	State	Zip	
Home Phone		Cell Phone			Emergency Phone		
Current Grade		Date of Birth	E-mail for class confirmation			ECC Member Yes No	
Code	Sec	Program or Camp Description				Cost	
Full Payment-(Circle One) Check Payable to ECC Charge VISA - M/C - AMEX 3 or 4 Digit Code			Card#				Exp:
			Name on Card				Amount \$

Consent & Waiver below MUST be signed by Participant/Parent/Guardian

Phone Registration: I have been read the consent & waiver information over the phone and agree to the terms and conditions described. Phone registration taken by _____ Initial ____ Date _____

When enrolled in an ECC program or camp, I authorize emergency medical treatment of my child/children, as deemed necessary by the ECC staff, and I agree to assume the costs of any such treatment. In consideration of accepting the membership and permitting the voluntary participation of the above named participant in its teen center and/or programs, I/We hereby waive, release, discharge, indemnify and agree to hold harmless [ECC] its board, employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses, and compensation arising out of, or in any way related to, any injury or other damage that may result to said participant while attending the teen center and/or participating in any [ECC] sponsored event, including any physical or other injury caused by negligence of any such person while performing his/her duties at any time.

Parent/Guardian Signature

Date