

ECC Teen Center Membership Application

Student Name		Date of Birth	
Address			
School Name		Grade 2007/08	
E-Mail Address		Age	
Name Parent Guardian 1		Name Parent Guardian 2	
Address 1		Address 2	
Phone # (H)		Phone # (H)	
Phone # (W)		Phone # (W)	
Phone # (C)		Phone # (C)	
Emergency Contact Name		Emergency Contact Telephone	

Consent:

I authorize emergency medical treatment of my child, 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

Pledge

My child (member applicant) and I have read and understand the ECC's Code of Conduct governing membership and we pledge to adhere to the same.

Teen Member signature

Date

Parent/Guardian signature

Date

