Winter 2012 REGISTRATION FORM Winter 2012

Each participant in an ECC Program or Camp must complete an ECC 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**.

This enrollment is NOT associated with Easton Parks & Recreation.

Last Name	Participant Name	Parent Name	
Address	City	State	Zip
Home Phone	Cell Phone	Emergency Phone	
Grade in Sept 2011	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