

Welcome to . . .



East County Community Education

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“Schools and Community Succeeding Together”

REGISTRATION FORM

Office Use Only: √ # _____ Rec. # _____

Student's Name (please print): Last _____ First _____

Parent's name if student is under age 18 _____

Phone: Home # _____ Work # _____ Cell # _____

Email Address: _____

Address _____

City _____ State _____ Zip _____

Youth Information: Age _____ Male Female Grade _____ T-shirt Size (if applicable) _____

| Code # | Class Title | Fee |
|--------|-------------|-----|
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_____ has my **permission** to participate in this ECCE **\$ Enclosed** activity. I understand the Community Education program does not provide insurance. I certify that my child is physically and mentally able to participate in this activity. I, intending to be legally bound, waive and release my rights and claims for damages I may accrue against any and all sponsors of this activity.

Parent/Guardian Signature _____ **Date** _____

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