

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 \_\_\_\_\_ Male  Female

**Youth Information:** D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Code #	Class Title	Fee

\_\_\_\_\_ 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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