



Elizabeth Township Community Center

Registration Form

ELIZABETH TOWNSHIP COMMUNITY CENTER PROGRAM REGISTRATION FORM

Household

Last Name:		First Name:	
Member Yes <input type="checkbox"/> No <input type="checkbox"/>		Resident Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mailing Address		Home Phone	
City	State	Zip	Cell Phone
Email Address		I give permission to be included in ETCC e-mail newsletter mailings:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Participant

Participant's Name	Age	Name of Program	Day	Time	Class	Fee

Make Checks payable to Elizabeth Township	Total	
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Waiver of Liability

I understand that while I participate in the class, I will participate at my own risk. I also agree to and do hereby release and forever discharge Elizabeth Township, the Elizabeth Township Community Center thereof and its officers, agents, or employees from or in any manner arising out of injury or damage which may be sustained in the aforementioned program(s).

Photo Release

By participating in Elizabeth Township Community Center programs, you agree to allow publication of any photos taken during any program, event or open facility time. If you do not wish to have your picture taken, please inform the photographer.

REFUND POLICY

There will be no class refunds or adjustments after they have been paid, unless a class is cancelled by the ETCC or the class instructor. Refunds will

be approved during Trustee Meetings, generally held the 1st and 3rd Wednesday of the month. Payment will be received in the form of a check and mailed to the patron. There are no cash refunds.

RESIDENCY MUST BE PROVEN, in the form of a valid driver's license, utility bill, tax record, or check with bank-printed address.

I have read and understand the above policies. (Your signature is required before this registration will be processed.)

Signature _____ Date _____

FOR OFFICE USE ONLY	Total Amount Due _____	Check # _____	Cash _____	Initials _____
Refund Amount _____	Refund Check # _____	Township Meeting Date _____		