



# Elizabeth Township Community Center

*Registration Form*

ELIZABETH TOWNSHIP COMMUNITY CENTER  
PROGRAM REGISTRATION FORM

## Household

Last Name:	First Name:	Member <input type="checkbox"/>	Non-Member <input type="checkbox"/>
Mailing Address		Email Address	
City	State	Zip	Home Phone
Cell Phone	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	

### 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

Participants will be given a 24 hour time limit after registering to cancel or transfer with no penalty. Any cancellation or transfer after 24 hours, but prior to the second class, will only be refunded 50% of the course fee. This fee will not exceed \$35 per class. No refunds will be given once the second class/event has begun. No refund will be given, if by doing so, it reduces the participation level below the required minimum. When a class is cancelled or closed by the ETCC due to low enrollment or other circumstances, you will be notified and receive a full refund. One Day Program Refunds: Prior to the day of the event, the above policy applies. No refunds will be given if notified the day of the activity or class.

A \$5 Administration Fee will be charged to cover processing fees for approved medical refunds.

Transfers: Transfers will be honored for a \$10 fee if availability permits.

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

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

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

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