



Class Registration Form

405 North Avenue
 PO Box 530
 East Berlin PA 17316
 717-259-8848
 www.ebacc.org

****Class fee must be paid in full by registration deadline****
 Make checks payable to **EBACC -- Please Be Sure to Complete Form Entirely**

Class _____
 Date _____
 Time _____

By Mail

East Berlin Area Community Center
 405 North Avenue
 PO Box 530
 East Berlin PA 17316

By Phone

717-259-8848

By Email

office@ebacc.org

In Person

Monday-Thursday 8am – 8pm
 Friday 8am – 6pm
 Saturday 9am – 1pm

Program Cancellation

Activities may be cancelled due to low registration, instructor, or inclement weather. Contact community center with any questions. Inclement weather cancellations will also be posted on our website, Facebook page, and WGAL 8.

Refund Policy

No refunds after one week prior to start date of class.

Name _____
 Address _____
 City _____ State _____ Zip _____
 Email _____
 Municipality/Township _____
 Phone _____ Alternate # _____
 Age (if under 18) _____ Parent's Name (if under 18) _____

 How did you hear about this class? Newsletter Website Friend Merchandiser
 Newspaper Other _____

In Case of Emergency Contact

Name _____ Relationship _____
 Phone# _____ Alternate# _____

Waiver of Liability/Assumption of Risk:

In enrolling in an activity at the East Berlin Area Community Center (EBACC), participant/guardian understands that by attending the programs and using EBACC and the facilities does so at his/her own risk. EBACC and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participant/guardian assume full responsibility for all injuries and damages that occur in or about any programs on the premises. The participant/guardian does hereby fully and forever release, discharge, and hold harmless EBACC, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future, resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct set by EBACC. Failure to do so may result in suspension from participation.

Consent:

I, the undersigned participant/guardian, hereby give my consent for myself/child to participate in events and/or activities at EBACC. I understand that the EBACC, its employees, volunteers and/or agents assume no liability for myself/child while participating in, or traveling to or from this program. I agree in case of accident to allow myself/child to be transported to the nearest medical facility by emergency medical service. Fully recognizing the possibility of physical injury associated with the activity that I and/or my child desires to participate in, I hereby release and discharge the EBACC and its officials, employees, volunteers and agents, from and against any and all claims for property damage and/or personal injury arising out of my or my child's participation in this activity.

Photo Release:

I, the undersigned participant/guardian, do hereby authorize EBACC and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials either online or in print. Participant/guardian understand and agree that EBACC and its employees and/or agents may restrict the use of cameras, video recorders, and/or other media devices at its facilities.

 Signature of Participant

 Date

 Signature of Parent (if under 18)

 Date

OFFICE USE ONLY

Date	Amount Paid	Cash/Check/Credit Card	Initials