

ETC

2026-2027

Registration Form

etcnwa.org

NAME & CONTACT INFO	PRIMARY LAST NAME _____		PRIMARY PHONE NUMBER _____		
	ADDRESS _____				
	CITY _____		STATE _____	ZIP CODE _____	
	FATHER		MOTHER		
	FIRST NAME _____		FIRST NAME _____		
	CELL PHONE _____		CELL PHONE _____		
EMAIL ADDRESS _____		EMAIL ADDRESS _____			

EMERGENCY CONTACT	NAME _____		RELATIONSHIP _____	
	DAY PHONE _____		EVENING PHONE _____	
	<small>(Please list someone local if at all possible. Emergency contact information will not be listed in the directory.)</small>			

REFERRAL	New Families Only: <input type="checkbox"/> Interest without Referral. A member of the Leadership Team will contact you.	
	<input type="checkbox"/> Please note the member who referred you to ETC. _____	

FEES	Annual Registration Fee: <input type="checkbox"/> \$75 ACTIVITIES ONLY <input type="checkbox"/> \$50 JOY SCHOOL ONLY	
	<input type="checkbox"/> \$225 CORE CLASSES ONLY <input type="checkbox"/> \$150 ELECTIVE CLASSES ONLY	
	<input type="checkbox"/> \$275 CORE & ELECTIVE CLASSES & ACTIVITIES	
<input type="checkbox"/> \$ _____ Donation to ETC's Sponsorship Fund: Participation by some families would not be possible without the benefit of our sponsorship fund. Your gift is both greatly appreciated and tax-deductible.		
Total Payment: \$ _____ Date ____/____/____		
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Online		
_____ <small>Received by</small>		

TERMS OF PARTICIPATION	TERMS OF PARTICIPATION	
	Initials _____	I have read and agree to adhere to the complete ETC Policies, including the Code of Conduct and Financial Policies. <ul style="list-style-type: none"> I understand the stated Mission and the Statement of Faith and Values by which the Board of Directors and Leadership Team have and will make decisions for the group. I also understand the Participation Requirements and agree to participate in accordance with these policies and to fulfill the outlined requirements. I agree to pay the Registration Fee, Activity Fees, Consortium Tuition and Supply Fees, and any other fees for those classes and activities for which I sign up. I agree to pay any expenses incurred for collection efforts of owed tuition and fees. I agree that my family will attend the required Orientations and participate in ETC activities in accordance with these guidelines. (All policies and referenced documents are published at etcnwa.org.)
Initials _____	LIABILITY RELEASE I understand that there may be risk associated with the events, functions or activities in which I, my children, family members, or guests participate through the Eclectic Teaching Consortium, hereinafter referred to as ETC, whether operating as an organization or corporation. In consideration of the right to participate in these events, I hereby agree to release, waive, and hold harmless ETC, its leadership, members, and volunteers from any and all liability, loss, or damage and any claim or demands for the same for any of the following: (a) bodily injury of any kind or death to any person participating in any ETC event, function or activity; (b) damage to any property arising out of or related to my, my family's, or any guests attendance or participation in any ETC event, function or activity. I agree to be personally responsible for myself, my own children, my own family members, and my guests at all times when participating in any ETC event, function, or activity. I also agree to take full financial responsibility for any damages caused by me, my children, my family members, or my guests, to any property, and I therefore, agree to indemnify ETC and its leaders and volunteers for any such damages for which they may be charged.	

Initials _____ **Consent to Authorize Medical Treatment** I/We, the Legal Guardian(s) hereby grant ETC, ITS LEADERS, and ITS CHAPERONES AND VOLUNTEERS full authority to take whatever actions they may consider to be warranted under *emergency circumstances* for my child's health and safety. I/We understand that no medical insurance is provided by ETC covering illnesses or injuries of any nature incurred during any event. That is, it is the responsibility of each participant to provide his or her own insurance coverage.

Initials _____ **Photo Permission** I hereby grant the ETC permission to use my likeness and the likeness of my children, family members and guest in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the ETC and will not be returned. I hereby irrevocably authorize ETC to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

Initials _____ **Student Driver and Teen Drop Off Agreement**
I understand that ETC Leadership and volunteers WILL NOT check for, or be obligated to enforce, parental guidelines regarding arrival, departure or mode of transportation for my child aged fourteen or older when driving themselves or dropped off for any ETC activities. I as the parent or guardian of a dropped off students or driving students am responsible for permissions for my teen student to arrive, leave or drive. I accept full responsibility to set family guidelines and boundaries. I accept responsibility for my child's behavior with or without my direct supervision, and I agree to attend events with my child if necessary to ensure my child's compliance with all ETC standards of behavior, policies, procedures, as well as the direction or instructions of the ETC activity lead, instructor, or adult volunteer, I and my family members will participate in the context of common courtesy. By sending my child to ETC events I understand that I am agreeing to this and all other ETC policies.

Initials _____ **Communicable Disease Liability Waiver** By initialing this section and signing this form, you are indicating you have read all the information here.
I acknowledge that ETC cannot and does not make any guarantee that I will not become infected with communicable disease I understand that the risk of becoming exposed to and/or infected by communicable disease may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ETC board members, teachers, volunteers, and their families.
I do acknowledge that by attending any public or group gathering I may be increasing my exposure risk to communicable disease.

I hereby release and agree to hold ETC harmless from and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the salon, or that may otherwise arise in any way in connection with any events ETC that I/we attend. I understand that this release discharges ETC from any liability or claim that I, my heirs, or any personal representatives may have against ETC with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from ETC. This liability waiver and release extends to ETC together with all employees, parents, students, and volunteers.

I certify that I am the legal parent or guardian of the participants listed below and that I have fully read and fully agree to everything in this document. I hereby join in each and every part of the release and hereby relinquish any claim that I might have against ETC and its chaperones.

Any individual not abiding by these guidelines will be removed from the event and may not be able to attend any future ETC classes, activities or events.

On behalf of the following children: (List all minor children and ages. Children over the age of 18 must sign, if attending.)

NAME _____	AGE _____	NAME _____	AGE _____
NAME _____	AGE _____	NAME _____	AGE _____
NAME _____	AGE _____	NAME _____	AGE _____
NAME _____	AGE _____	NAME _____	AGE _____
NAME _____	AGE _____	NAME _____	AGE _____

This is a legal document enforceable under the laws of the State of Arkansas. I/we have read and understand it.

Parent or Guardian's Signature _____ **Date:** _____

Parent or Guardian's Signature _____ **Date:** _____

Please submit to an ETC Leadership Team Member or mail to: ETC, P.O. Box 1757 Bentonville, AR 72712.