



El Camino College Community Education

AND PROFESSIONAL DEVELOPMENT

16007 Crenshaw Blvd, Torrance, CA 90506
Phone: (310) 660-6460 Fax: (310) 660-6470

South Bay Youth Orchestra Registration Form

This form must be completed by a parent or guardian of students under 18 years of age.

Name _____

Address _____

City & Zip _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Email Address _____

Brochure: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> ECC <input type="checkbox"/> Library <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of mouth _____ <input type="checkbox"/> Flyer <input type="checkbox"/> Web Site <input type="checkbox"/> Email <input type="checkbox"/> Other _____

Course Number	Start Date	Class Title	Class Fee
900006	9/08/10 - 6/04/11	South Bay Youth Orchestra	\$300

Form of Payment:

<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Make Checks Payable to: "El Camino College Community Education" (\$20 charge on all returned checks)	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Cardholder Name _____ Credit Card # _____ Expiration Date _____ Cardholder Signature _____
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Registration Policy: Please refer to "E-Z Guide to Registration" in the course catalog or visit www.eccommunityed.com.

I grant approval for my child _____ Age _____ Grade Level _____ Date of Birth _____ to participate in youth classes.

I understand Community Education does not provide health or medical insurance for participants. The undersigned agrees to defend, indemnify and hold harmless the El Camino Community College District, its Board of Trustees, officers, agents and employees, individually and collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, regardless of and however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by the undersigned's participation in the El Camino College Community Education and Professional Development Program. Consent is hereby given to the Community Education instructors or supervisors to give or seek medical aid required in the case of emergency. My child's photograph and name may appear in print ads or the college's publications for El Camino Community Education while engaged in campus activities and classes.

- **No credit or grades given for these courses**
- **Community Education does not provide escort service for children.**
- **Remind your children to speak and behave quietly in the hallways. There are other classes in session.**
- **Young children should not be dropped off in the parking lot.**

I understand that each youth class is designed for a specific grade level. I certify that I have enrolled my child in the appropriate grade level.

Parent/Guardian Signature: _____ Date _____

Parent's Name (print): _____

Phone: (_____) _____

Contact Information of additional person who may be contacted in case of Emergency:

Name: _____ Phone: _____