

# ETC

## 2024-2025

### Registration Form

etcnwa.org

#### Preferred Campus

- Bentonville, AR
- Siloam Springs, AR
- Rogers, AR

#### Membership Checklist

- Fill out, sign, and submit the Registration Form (this form, front and back)
- Complete the "Request Membership" page on our website etcnwa.org
- Pay the Membership Fee

NAME & CONTACT INFO

LAST NAME \_\_\_\_\_ HOME 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 \_\_\_\_\_

(Please list someone local if at all possible. Emergency contact information will not be listed in the directory.)

REFERRAL

#### New Members Only:

Please note the member who referred you to ETC. \_\_\_\_\_

I'm interested in joining ETC but I do not know a current member. I would like a member of the Leadership Team to contact me.

FEES

#### Annual Membership Fee:

- \$250 per **NEW** Family     \$175 per **CURRENT/RENEWING** Family (w/completed service task in 2023/2024)
- Sponsorship requested** - I can pay \$\_\_\_\_\_ and request a sponsorship for the remaining balance for my membership fee. \* Sponsorship requests are reviewed and determined by the ETC Board of Directors.
- \$\_\_\_\_\_ **Donation to our 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** \_\_\_\_/\_\_\_\_/\_\_\_\_

Check # \_\_\_\_\_     Cash     Online

Received by \_\_\_\_\_

MEMBERSHIP AGREEMENT

#### MEMBERSHIP AGREEMENT

Initials \_\_\_\_\_ I have read and agree to adhere to the complete ETC Policies, including the Code of Conduct and Financial Policies. I understand the stated Purpose and the Statement of Faith by which the Leadership Team will make decisions for the group. I also understand the purpose of the Participation Requirements. I agree to fulfill these requirements and pay the Membership Fee and other Activity and Consortium Tuition and Supply Fees for those classes and activities for which I sign up. I agree that my family will attend required Orientations and participate in ETC activities in accordance with these guidelines. (All policies and referenced documents are published at etcnwa.org.)

#### LIABILITY RELEASE

Initials \_\_\_\_\_ 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 parental guidelines regarding arrival, departure or mode of transportation for my child aged fourteen or older when dropped off for activities such as Consortium or Teen Activities, and that I as the parent or guardian of dropped off 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** As an extra precaution, all families, must read and agree to the following communicable disease and COVID-19 safety measures. 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, including the Coronavirus/COVID-19. I understand that the risk of becoming exposed to and/or infected by communicable disease, including the Coronavirus/COVID-19, 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, including the Coronavirus/COVID-19.

**Any time I attended an ETC event a agree to attest that:**

- \* No one in our immediate household is experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- \* I/we do not believe we have been exposed to someone with a suspected and/or confirmed case of communicable disease, including the Coronavirus/COVID-19.
- \* I/we have not been diagnosed with a communicable disease, including the Coronavirus/COVID-19, and not yet cleared as non-contagious by a medical professional or state or local public health authorities.

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 students not abiding by these guidelines will be removed from the event and will not be able to attend any ETC 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 it 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.*