



ECA REGISTRATION FORM 2019-2020

Student's Family name:	<input type="text"/>	First/Given name:	<input type="text"/>	
Grade Level/Class:	<input type="text"/>	School:	<input type="checkbox"/> GESM	<input type="checkbox"/> LFM
Birthdate:	<input type="text" value="(Month/day/year)"/>	Transportation:	<input type="checkbox"/> BUS	<input type="checkbox"/> PRIVATE
I would you like to receive photos/videos of my child taken from ECA sessions or tournaments:			<input type="checkbox"/> YES	<input type="checkbox"/> NO

Days	Activities	Activity Fee	Registered date
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

- Please present this Registration Form to the E.C.A. Coordinator for official enlistment.
- Proceed ECA office to pay the Activity Fee, please leave this Registration Form.
- We will need a photocopy of your child's passport for tournaments and identification purposes. (this will be a confidential n doc)
- Your child is officially registered/enrolled in the E.C.A Program when this registration form and payment of the Activity Fee have been received by the ECA and an Official Receipt has been given to you.

Father's Email Address

Contact Number: _____

Mother's Email Address

Contact Number: _____

ACKNOWLEDGEMENT

We hereby declare having read and understood the E.C.A. Commitment and E.C.A Handbook. We agree to abide by the rules and regulations as stated herein.

Father's signature over printed name

Mother's signature over printed name

Payment Details	
Date: _____	
O.R. Number: _____	Amount paid: _____
	Received by: _____
	Signature over printed name