

Rec & Ed 2025 Summer Camp Registration Form

Please fill out one form for each participant in its entirety.

This fillable PDF may be scanned or attached as a photo and returned by email to: registration@aaps.k12.mi.us

SUMMER CAMP SELECTIONS			PARTICIPANT INFORMATION	
Class/Camp ID#	Class/Camp Title	Fee	First Name _____ Last Name _____	
			Address _____ City _____ Zip _____	
			Phone () _____ Email _____	
			Birth Date _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
			Child's School _____	
			Child's current grade placement for 2024-2025 school year: _____	

PLEASE COMPLETE THE FOLLOWING:

Is your primary residence within the Ann Arbor Public School District? Yes No

How did you hear about this camp/activity? _____

Child's grade placement for upcoming 2024-2025 school year: _____

You'll receive an invite to share **health and safety** information with Ann Arbor Rec & Ed. Click "Complete Request" to create a free account, or log-in if you have an existing ePACT account. Enter the required information including emergency contacts, medical and health information, and specific program information to share with Ann Arbor Rec & Ed so that program staff have access. With ePACT you only need to complete your child's information once, and then verify that it is still correct for additional programs or subsequent years.

PHOTO & SOCIAL MEDIA WAIVER: I understand and agree that the Ann Arbor Public School's Rec & Ed Department may take pictures or videos of youth and adult participants in any Rec & Ed activity, including classes, team sports, and childcare. Images may be used in Rec & Ed or school district promotional materials, (brochures, catalog, website, social media). For your safety, names will never be used, we do not grant authorization for a party to produce, reproduce (or reuse), edit videos, take pictures, print, and record sound of an individual. My (or my child's) enrollment in an activity with Rec & Ed indicates my approval. I may opt out by emailing dishman@a2schools.org.

By my signature, I attest that I have read and understand the Photo Release and Covid Waivers listed below. I am aware that these waivers are a release of liability and I voluntarily agree to its terms.

Parent/Guardian Signature _____ Date _____

PAYOR INFO

First Name _____ Last Name _____

Address _____
Street City State Zip

Home Phone () _____ Work Phone () _____

Email _____ Birth Date _____ Gender M F

Payment Method: Credit Card Check Scholarship ID# _____ Credit on account

CREDIT CARDS
Please complete entire section

Name (exactly as it appears on the card) _____

VISA Master Card AmEx (Sorry we cannot accept debit cards at this time)

Total Fee (Required) \$ _____

Card # _____ Exp Date _____ CVV# _____

Cardholder Signature _____



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