

Cardholder Signature_

Community Education & Recreation - AAPS 1515 S Seventh St
Ann Arbor, MI 48103 2025 WII 734.994.2300 IN. PERS

2025 WINTER REGISTRATION IN-PERSON & ONLINE FORM

Participant Inform	<u>ation</u>				
First Name:		Last Name			
Address		City	State	Zip Code	
Phone ()	Birthdate		GenderM	_F Other	
School	Grade				
	Please fill out one form for eac	h participant in its entirety	ONE TIME USE ONLY	,	
CI ASS TITLE:	CLA				
	CLA				
		,		-	
	RSON PARTICIPANTS: Comple				
	address for us to send class informat				
	al or emotional conditions our staff s				
How did you hear about this cla	ss/activity?				
EARLY CHILDHOOD & YO	UTH IN-PERSON PARTICIPAN	TS: Complete the follo	owing:		
Please provide the best email a	ddress for us to send class informat	ion and updates::			
free account, or log-in if you ha medical and health information	health and safety information with ve an existing ePACT account. Ente , and specific program information to need to complete your child's informa	r the required information share with Ann Arbor Re	including emergency cocc & Ed so that program	ontacts, staff have	
Community Education & Recradvised before starting any fit participation in a physical fitr participants. All fitness instruction of the participants of the participan	eation and its staff from liability for ness program. You are strongly entess or yoga program can result tors are certified, experienced and realized. I understand and agree that the case activity, including classes, to website, social media). For your safetures, print, and record sound of an i	injury, disability or dama accouraged to adapt the a in injury or disability, eve eady to meet your person the Ann Arbor Public School eam sports, and childcare. ety, names will never be u	nges arising from partic ctivity of the class to a very effort will be mad all needs. pol's Rec & Ed Departmo Images may be used in sed, we do not grant au	you release the Ann Arbor Public Scho ipation. A doctor's review of your health level that is appropriate for you. Althouse to ensure the health and safety of ent may take pictures or videos of youth Rec & Ed or school district promotional thorization for a party to produce, reproducity with Rec & Ed indicates my approval.	n is ugh all uce
and I voluntarily agree to its termembers, will follow all guideling	ms. In registering for this activity, I am	n agreeing to read the CO\ rrent masking & social dis	VID-19 Waiver & Informa	t this is a waiver and a release of liability ation Notice. I, along with all family understand that if these guidelines are no	ot
SIGNATURE		DATE			
DAVOR (Baroon nav	ing for classes/activities)				
PAYOR (Person pay					
	Last Name _				
Home Phone ()	City Work Phone()	oidle Gender	 M		
	Birth Date				
	ard Senior Scholarship ID#				
CREDIT CARD (
	AmEx (Sorry we cannot accept do	,			
Total Fee (Required) \$	Card #		Exp Date	CVV#	