

Cardholder Signature

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

2025 SUMMER REGISTRATION IN-PERSON & ONLINE FORM

Participant Information	<u>ation</u>				
First Name:		Last Nan	ne		
Address		Citv	State	e Zip Code	e
	Birthdate				
School					
	Please fill out one form for ea	ch participant in its entiret	y. ONE TIME USE ON	ILY	
CLASS TITLE:	CL	ASS ID:			
CLASS TITLE:	CL	ASS ID:			
ADULT VIRTUAL & IN-PER	SON PARTICIPANTS: Compl	lete/update the follow	<u>ving:</u>		
Please provide the best email ad	ddress for us to send class informa	ation and updates: ———			
	l or emotional conditions our staff				
How did you hear about this clas	ss/activity?				
	JTH IN-PERSON PARTICIPAN				
Please provide the best email an	ddress for us to send class informa	ation and undates:			
	health and safety information with				
free account, or log-in if you hav medical and health information,	re an existing ePACT account. Ent and specific program information t eed to complete your child's inform	ter the required information to share with Ann Arbor F	on including emergency Rec & Ed so that progra	v contacts, am staff have	
Community Education & Recre advised before starting any fitn participation in a physical fitne	ess and/or Yoga Classes: By relation and its staff from liability folioness program. You are strongly eless or yoga program can result ors are certified, experienced and	r injury, disability or dam encouraged to adapt the in injury or disability,	nages arising from par activity of the class to every effort will be m	ticipation. A doctor's review a level that is appropriate	v of your health is for you. Although
and adult participants in any Rematerials, (brochures, catalog, v	IVER: I understand and agree that c & Ed activity, including classes, website, social media). For your saures, print, and record sound of an m@a2schools.org.	team sports, and childcar fety, names will never be	e. Images may be used used, we do not grant	I in Rec & Ed or school distri authorization for a party to p	ct promotional roduce, reproduce
and I voluntarily agree to its term members, will follow all guideline	have read and understand this Wans. In registering for this activity, I allos listed. I also agree to follow all cuticipate in any Rec & Ed in-person	m agreeing to read the Courrent masking & social d	DVID-19 Waiver & Infor	mation Notice. I, along with a	all family
SIGNATURE		DATE			
PAYOR (Person payii	ng for classes/activities)				
	Last Name	•			
	City				
	Work Phone()				
	Birth Date				
Payment Method:	rd 🛘 Senior 🖵 Scholarship ID	# Credit	on account		
<u>CREDIT CARD</u> (ON Name (exactly as it appears on the control of th	Complete entire section)				
	AmEx (Sorry we cannot accept of				
	Card #		Exp Date	CVV#	