

Rec & Ed 2024 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

Class/Camp ID#	Class/Camp Title	Fee

PARTICIPANT INFORMATION

First Name _____ Last Name _____
Address _____ City _____ Zip _____
Phone () _____ Email _____
Birth Date _____ Gender M F Other
Child's School _____
Child's current grade placement for 2023-2024 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 will be contacted by Rec & Ed staff to share health and safety information with Ann Arbor Rec & Ed. Required information will include emergency contacts, medical and health information, and specific program information.

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.

COVID-19 WAIVER: In registering for this activity, I am agreeing to read the COVID-19 Waiver & Information Notice. I, along with all family members, will follow all guidelines listed. I also agree to follow all current masking & social distancing requirements. I understand that if these guidelines are not followed I will not be able to participate in any Rec & Ed in-person programming.

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 _____

Person paying for camps

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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