

Rec & Ed 2022 SUMMER Camp INDOOR & OUTDOOR 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 ___ M ___ F ___ Other _____
 Child's School _____
 Child's current grade placement for 2021/2022 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? ___ Postcard ___ Rec & Ed e-Newsletter ___ Email ___ Other _____

Child's grade placement for upcoming 2022/2023 school year: _____

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.

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.

Parent/Guardian Signature _____

Date _____

PAYOR First Name _____ Last Name _____

INFO 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 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 _____

CREDIT CARDS
Please complete entire section

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