

Rec & Ed 2020 SUMMER Class & Camp

VIRTUAL/ONLINE 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

VIRTUAL/ONLINE CLASS/CAMP SELECTIONS

PARTICIPANT INFORMATION

Class/Camp ID#	Class/Camp Title	Fee

FirstName _____ Last Name _____
 Address _____ City _____ Zip _____
 Phone (____) _____ Email _____
 Birth Date _____ Gender M F Grade _____ School _____

Registering a child and/or adult for a class/camp includes permission for that child and/or adult to participate in a virtual classroom.

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 registering for a physical fitness or yoga class, you release the Ann Arbor Public Schools Community Education & Recreation and its staff from liability for injury, disability or damages arising from participation.

Waiver of Liability – Fitness and/or Yoga Classes:

A doctor's review of your health is advised before starting any fitness program. You are strongly encouraged to adapt the activity of the class to a level that is appropriate for you. Although participation in a physical fitness or yoga program can result in injury or disability, every effort will be made to ensure the health and safety of all participants. All fitness instructors are certified, experienced and ready to meet your personal needs.

Please indicate the email address you would like us to use to send information on how to join your virtual class: _____

Will additional children in your family be participating in this class? Yes No
 If yes, please list the names and ages of additional participants:

By my signature, I indicate that I have read and understand this Waiver of Liability and Photo Release. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Parent Signature _____ Date _____

PAYOR INFO

(Person paying for class(es) activities)

First Name _____ Last Name _____
 Address _____
Street City State Zip
 Home Phone (____) _____ Work Phone (____) _____
 Email _____ Birth Date _____ Gender M F
Payment Method: Credit Card Senior 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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