

# Rec & Ed 2020 SUMMER Camp IN PERSON 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](mailto:registration@aaps.k12.mi.us)**

## VIRTUAL/ONLINE CLASS/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 Grade \_\_\_\_\_ School \_\_\_\_\_

**SELECT CHILD'S T-SHIRT SIZE: CHILD:    S    M    L ADULT:    S    M    L**

**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](mailto:dishman@a2schools.org).

**PLEASE COMPLETE ALL OF THE FOLLOWING:**

Is your primary residence within the Ann Arbor Public School District?  Yes  No

How did you hear about this class/camp/activity?  Catalog  Rec & Ed e-Newsletter  Website  Other \_\_\_\_\_

Please update child's address/phone #/email address if it has changed since your last registration with us. If your information has not changed, just write: NC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write the name and phone number of an emergency contact person (other than parent/guardian) who can immediately pick your child up in case of an emergency:  
Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Please list first and last names of all adults who have permission to pick up your child from camp. (If someone is not on this list, please send a note in advance giving that person permission to pick up your child. That person will need to show ID).

\_\_\_\_\_  
\_\_\_\_\_

Write your child's grade placement for the upcoming 20/21 school year: \_\_\_\_\_

Please list any allergies, medical, or emotional conditions, additional information or any special accommodations needed to help increase your child's enjoyment and success in this program, or write NONE. Please note some accommodations may require registration at least 3 weeks in advance of the class/camp/activity. Please call 734.994.2300 x53179 or write NONE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have/carry an Epi Pen?  Yes  No

Does your child carry an inhaler?  Yes  No

Does your child have an IFSP, IEP or 504?  Yes  No

Does your child have a teacher's assistant assigned to them during the regular school day?  Yes  No If yes, please contact the Rec & Ed Office at 734.994.2300 x53179 at least 3 weeks prior to the start of camp to discuss possible accommodation options.

Parent/Guardian 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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