



Community Education & Recreation - AAPS
 1515 S Seventh St
 Ann Arbor, MI 48103
 734.994.2300
 aareced.com

2021 WINTER REGISTRATION VIRTUAL & IN-PERSON FORM

Participant Information

First Name: _____ Last Name _____
 Address _____ City _____ State _____ Zip Code _____
 Phone () _____ Birthdate _____ Gender ___M___F___Other
 Current School _____ Grade _____

Please fill out one form for each participant in its entirety. **ONE TIME USE ONLY**

CLASS ID# _____ CLASS ID# _____ CLASS ID# _____
 CLASS TITLE _____ CLASS TITLE _____ CLASS TITLE _____

ADULT VIRTUAL PARTICIPANTS: Please complete/update the following questions:

Please update your email address. If your email address matches the information on your RecNet account just type NC: _____
 If your current address or phone number no longer matches your RecNet record, please update or enter NC: _____
 Please list any allergies, medical or emotional conditions our staff should be aware of or type NONE: _____
 How did you hear about this class/activity? _____

EARLY CHILDHOOD & YOUTH VIRTUAL PARTICIPANTS: Please complete the following questions:

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: _____

EARLY CHILDHOOD & YOUTH IN-PERSON PARTICIPANTS: Please complete the following questions:

Please write in the best email to communicate updates from us about your class: _____
 Please list any allergies or medical conditions, or any information you would like our staff to know that might help make your child's experience be more comfortable and enjoyable or type NONE: _____
 If your child has an IEP / 504 /Early On, please write in a few details that will help us provide the right supports. Write "NONE" if your child does not have special needs _____
 Does your child carry an inhaler? ___YES ___ NO Does your child have/carry an Epi Pen? ___YES ___ NO
 Emergency Contact Name: _____ Emergency Contact Phone Number: _____
 Please list all adults who have permission to pick up your child after class: _____

- **Waiver of Liability - Fitness and/or Yoga Classes:** 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. 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.
- **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 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. 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 SIGNATURE _____ DATE _____

PAYOR (Person paying for classes/activities)

First Name _____ Last Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Work Phone () _____ Gender ___M___F___Other
 Email _____ Birth Date _____
 Payment Method: Credit Card Senior Scholarship ID# _____ Credit on account

CREDIT CARD (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 _____