



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

# 2021 FALL 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 & IN-PERSON 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 IN-PERSON PARTICIPANTS: Please complete the following questions:

Please write in the best email to communicate updates from us about your class: \_\_\_\_\_  
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 know of, 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 \_\_\_\_\_