



**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 provide the best email address for us to send class information and updates: \_\_\_\_\_  
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 provide the best email address for us to send class information and updates: \_\_\_\_\_  
Please list all adults (including parents/guardians) who have permission to pick up your child from class: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_  
Please list all adults who have permission to pick up your child after class: \_\_\_\_\_  
Does your child regularly ride the bus home? \_\_YES\_\_ NO If your child rides a bus home from school, please provide the bus route #: \_\_\_\_\_  
Please list any allergies, medical, or emotional conditions, our staff should know of, or type NONE: \_\_\_\_\_  
**Does your child have a one-on-one teacher's assistant assigned to them during the regular school day? \_\_YES\_\_ NO**  
**If yes, please email recedstaff@aaps.k12.mi.us at least 3 weeks prior to the start of the class to discuss possible after-school accommodations.**  
Does your child have an IFSP, IEP or 504? \_\_YES\_\_ NO  
Does your child carry an inhaler? \_\_YES\_\_ NO Does your child have/carry an Epi Pen? \_\_YES\_\_ NO  
How did you hear about this class/activity?: \_\_\_\_\_

- **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 \_\_\_\_\_