



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 _____