



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

2025 FALL REGISTRATION IN-PERSON & ONLINE FORM

Participant Information

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

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

CLASS TITLE: _____ CLASS ID: _____

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ADULT VIRTUAL & IN-PERSON PARTICIPANTS: Complete/update the following:

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: Complete the following:

Please provide the best email address for us to send class information and updates: _____

You'll receive an invite to share **health and safety** information with Ann Arbor Rec & Ed. Click "Complete Request" to create a free account, or log-in if you have an existing ePACT account. Enter the required information including emergency contacts, medical and health information, and specific program information to share with Ann Arbor Rec & Ed so that program staff have access. With ePACT you only need to complete your child's information once, and then verify that it is still correct for additional programs or subsequent years.

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.

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 _____