



Meri Lou Murray Recreation Center Summer Camp Registration Form

For children who've completed Kindergarten through 11 years of age
Please: One child per form

Child's Name _____ Birth Date _____ Age _____

Circle: Male or Female T-Shirt Size: Youth Sizes: **S M L** Adult Sizes: **S M L**

School: _____ Grade _____ School Phone _____

Please note if your child has any special needs: _____

Parent's or Guardian Name _____

Address _____ City _____ Zip _____

1st phone # _____ 2nd phone # _____

CAMPERS ARE ABLE TO REGISTER FOR A MAXIMUM OF 3 WEEKS OF CAMP.

Please check the space next to the week(s) for which you are registering.

Week #	Dates	Fee	<input type="checkbox"/>	Pre-camp	<input type="checkbox"/>	Post-camp	<input type="checkbox"/>	Total
1	June 20-24	145.00	<input type="checkbox"/>	15.00	<input type="checkbox"/>	15.00	<input type="checkbox"/>	
2	June 27-July 1	145.00	<input type="checkbox"/>	15.00	<input type="checkbox"/>	15.00	<input type="checkbox"/>	
3	July 5-8	116.00	<input type="checkbox"/>	12.00	<input type="checkbox"/>	12.00	<input type="checkbox"/>	
4	July 11-15	145.00	<input type="checkbox"/>	15.00	<input type="checkbox"/>	15.00	<input type="checkbox"/>	
5	July 18-22	145.00	<input type="checkbox"/>	15.00	<input type="checkbox"/>	15.00	<input type="checkbox"/>	
6	July 25-29	145.00	<input type="checkbox"/>	15.00	<input type="checkbox"/>	15.00	<input type="checkbox"/>	
7	August 1-5	145.00	<input type="checkbox"/>	15.00	<input type="checkbox"/>	15.00	<input type="checkbox"/>	
Total								

<input checked="" type="checkbox"/>	Payment Options
<input type="checkbox"/>	Cash in person. Do not mail cash.
<input type="checkbox"/>	Make checks payable to WCPARC
<input type="checkbox"/>	Credit Card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa

(Needed for mail in only) Card Number _____

Exp date ____/____/____ Signature _____

Transfers: If you transfer from one week to another there will be a \$20.00 transfer fee.

Cancellation Policy: Written notice must be received two business days prior to the 1st day of your camp session(s). A \$25.00 fee, per week, per child will be assessed to all refund requests.

Waiver: I attest that my child is physically capable of participating and give my permission to participate in all activities in the above programs for which I have registered and hereby release Washtenaw County Parks and Recreation Commission from any responsibility whatsoever for personal injuries, damages, or loss of equipment resulting from participation.

Signature _____ **Date** _____

Washtenaw County Parks and Recreation Commission Tax I.D. #38-6004894

Information (734) 971-6355, Fax (734) 971-2094