

Class Registration Form

Please use one form per participant; may be copied as needed



Participant Name _____ Birth Date _____
 Name of Guardian if Participant is under 18 _____
 Street Address _____ City _____ Zip _____
 1st Phone _____ 2nd Phone _____

Class Title	Day & Time	Class#	Fee

Total: _____

Waiver: I attest that I am/my child is physically capable of participating in the above programs for which I have registered and hereby release WCPARC from any responsibility whatsoever for personal injuries, damages, or loss of equipment resulting from participation.

Signature _____ Date _____
 (parents must sign for children under 18)

Check enclosed (made payable to WCPARC)

Charge to Visa/MasterCard (circle one)

Card# _____

Exp. _____ Phone _____

Signature _____

Mail to: WCPARC, P.O. Box 8645, Ann Arbor MI 48107

OFFICE USE:	Check # Staff Initials	Cash Receipt # Amount	CC Approval # Date	Time
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We'll contact you only if there is a problem with your registration. Questions? (734) 971-6355, parks.ewashtenaw.org

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