

WATERFORD COMMUNITY EDUCATION - CRARY CAMPUS

501 N Cass Lake Road, Waterford, MI 48328

Phone: 248.682.7800, Fax: 248.706.4888

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

Participant's Last Name _____ First Name _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip Code _____

Day Phone _____ Cell/Night Phone _____ E-mail Address _____
T Shirt Size: Yth Lrg Ad Sm Med Lrg XL

If participant is a minor: Parent\Guardian Name _____

Street Address _____ City _____ State _____ Zip Code _____

Day Phone _____ Cell/Night Phone _____ E-mail Address _____

Activity #	Course Name	Start Date	Time	Location	Fee
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Activity #	Course Name	Start Date	Time	Location	Fee
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EMERGENCY AND HEALTH INFORMATION – REQUIRED

Medical conditions or special needs we should be aware of: _____

Please list individual to be called in case of illness/emergency: _____

Name	Relationship	Telephone #	Telephone #
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If you or your child would like to participate in this event, please complete, sign and return the following statement of consent and release of liability. You remain fully responsible for any legal responsibility which may result from any personal actions. You also authorize and consent to the activity leader(s) securing medical services including hospitalization to aid you or your child, if in their judgment, such services are necessary. It is also understood that the Waterford School District does not maintain accident medical insurance for injuries that may be associated with this type of activity. It is your responsibility to provide medical insurance or other financial means of paying for activity related injuries.

Signature: _____ Date _____

**Completed registration form and payment may be dropped off, mailed, or faxed to the above number.
Checks are payable to Waterford School District.**

Visa _____ MC _____ Account # _____ Exp. Date _____

Name on Card _____ CVV _____

Signature _____ Date _____