WATERFORD COMMUNITY EDUCATION - CRARY CAMPUS

Phone: 248.682.7800, Fax: 248.706.4888

501 N Cass Lake Road, Waterford, MI 48328

							Male
Participant's Last Name		First Name		Date of Birth			Female
Street Addres	SS S	City		State	Zip C	ode	
Day Phone		Cell/Night Phone		E-mail A			
		T Shi	irt Size: Yth Lrg	Ad Sm	Med Lrg	XL	
If participant i	is a minor: Parent\G	uardian Name					
Street Addres	SS S	City		State	Zi	p Code	
Day Phone		Cell/Night Phone	E-mail Address				
Activity #	Course Name	Start Date	Time		Location	Fee	
Activity #	Course Name	Start Date	Time		Location	Fee	
		s we should be aware of:	I INFORMATION –	- REQUIRED			
———————	ividual to be called in	case of illness/emergency:					
Name		Relationship	Telephone #		Telephone	#	
You remain fully leader(s) securiounderstood that	y responsible for any le ng medical services inc t the Waterford School	ipate in this event, please complete gal responsibility which may result f uding hospitalization to aid you or y District does not maintain accident ride medical insurance or other final	rom any personal ac your child, if in their in medical insurance for	ctions. You also judgment, suc or injuries tha	o authorize and con th services are nece t may be associated	nsent to the a essary. It is als	activity so
Signature:			Date				
	Completed registr	ation form and payment may be Checks are payable to			d to the above nu	ımber.	
Visa	_ MC Acco	unt #			Exp. Date		
Name on Card	J				CVV		
Signature			Dat	te			