

WATERFORD COMMUNITY EDUCATION - CRARY CAMPUS
501 N Cass Lake Road, Waterford, MI 48328 Phone: 248.706.4868, Fax: 248.706.4888

Participant's Last Name	First Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
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
Activity #	Course Name	Start Date	Time	Location	Fee

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 _____ MCard _____ Charge Card # _____ Exp.Date _____

Signature _____

 For Office Use Only

Paid by: Cash _____ Visa # _____ MC# _____ Check # _____ Amount \$ _____

Date Received _____ Received by _____