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				Fem	
Street Address		City			State			Zip Code		
Day Phone		Cell/Night Phone	T Shirt Size:	Yth Lrg	E-mail A Ad Sm	ddress Med	Lrg	XL		
If participant is	s a minor: Parent\Gu	ardian Name								
Street Address	;	Cit	у		State		Zi	p Code		
Day Phone		Cell/Night Phone			E-mail Address					
Activity #	Course Name	Start Date		Time		Location		Fee	<u> </u>	
Activity #	Course Name	Start Date		Time		Locati	on	Fee	<u> </u>	
		EMERGENCY AND H	EALTH INFOR	MATION –	REQUIRED					
Medical condit	ions or special needs	we should be aware of:								
Please list indiv	ridual to be called in	case of illness/emergency	<i>r</i> :							
Name		Relationship	Tel	ephone #		Te	lephone	:#		
You remain fully leader(s) securing understood that	responsible for any leg g medical services inclu the Waterford School	pate in this event, please cor al responsibility which may reduced the plant alding hospitalization to aid your plant along the plant and de medical insurance or other the pate or other plant and the plant along the plant and the plant along the plant al	result from any ou or your child ccident medical	personal act d, if in their j insurance fo	tions. You also udgment, suc or injuries tha	o authoriz h services t may be a	e and co are necessociate	nsent to the essary. It is	ne activity s also	
Signature:		Date								
	Completed registra	tion form and payment n Checks are payab				I to the a	bove ni	umber.		
Visa	MC Accou	nt #				Exp. [ate			
Name on Card_						CVV				
Signature				Dat	e					