

# Meri Lou Murray Recreation Center – Spring Break Camp Registration • 734-971-6355



For children who are currently enrolled in Kindergarten through 11 years of age. *One form per child*

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F  
 School: \_\_\_\_\_ School Phone: \_\_\_\_\_ Grade Currently Enrolled: \_\_\_\_\_ Camper speaks English? Y N  
 Parent's or Guardian Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail Address \_\_\_\_\_

In order to provide the most positive experience for your child, please provide any information in regards to your child's behaviors, tendencies, needs and unique qualities: \_\_\_\_\_

*Please check the space next to the week(s) for which you are registering.*

Week #	Dates	✓	Fee*	TOTAL
1	March 30 <sup>th</sup> – April 3 <sup>rd</sup>		220.00	

\*\$10 Discount for annual pass holders. For in person registration, the discount will be applied at the time of payment. If you register online and qualify for the discount, please send an email to [dsk@washtenaw.org](mailto:dsk@washtenaw.org) and we will credit your Visa/Mastercard and email you the receipt.

Make checks payable to WCPARC. Credit Card information needed for mail/fax forms only.

Card Number \_\_\_\_\_ Exp date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

**Mail To: WCPARC, P O Box 8645, Ann Arbor, MI 48107**

**Fax To: 734-971-2094**

Washtenaw County Parks and Recreation Commission Tax I.D. #38-6004894

OFFICE USE ONLY:				
Check #	Cash Amt \$	CC Approved	Staff Initials	Date

## Washtenaw County Parks & Recreation Commission Spring Break Day Camp - Cancellation and Policy

All cancellation requests must be submitted in writing to the Camp Director no later than 5pm on the Thursday prior to the enrolled session. Cancellations submitted by the deadline will be refunded, minus a \$25 cancellation fee per week, per child. No refunds will be issued for requests submitted after the deadline without a physician's note for illness or injury.

### Waiver

I attest that my child is physically capable of participating and give my permission to participate in all activities in the above programs for which I have registered and hereby release Washtenaw County Parks and Recreation Commission from any responsibility whatsoever for personal injuries, damages, or loss of equipment resulting from participation.

Signature \_\_\_\_\_

Date \_\_\_\_\_