Meri Lou Murray Recreation Center - Summer Camp Registration • 734-971-6355

CC Approved

Check #

Cash Amt \$

For children who have completed Kindergarten through 11 years of age. One form per child Child's Name: Birth Date: Age: Gender: M or F School: _____ School Phone: _____ Grade in the Fall: _____ 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. **Washtenaw County Parks & Recreation Commission Summer Day Camp - Cancellation and Transfer Policy** TOTAL Week # Fee* Dates Cancellations 220.00 June 15 - 19 All cancellation requests must be submitted in writing to the Camp Director no later than 5pm on the Thursday prior to 220.00 June 22 - 26 the enrolled session. Cancellations submitted by the June 29 – July 3 220.00 deadline will be refunded, minus a \$25 cancellation fee per July 6 - 10 220.00 week, per child. No refunds will be issued for requests July 13 - 17 220.00 submitted after the deadline without a physician's note for 6 July 20 - 24 220.00 illness or injury. July 27 - 31 220.00 **Transfers** All transfer requests must be submitted in writing to the Aug 3 - 7 220.00 Camp Director and will only be processed if space allows. After June 1, all transfers will incur a \$10 fee per week, per child. Registration transfers between locations *\$10 Discount for annual pass holders. For in person registration, the discount will be applied at (Independence Lake County Park, Meri Lou Murray the time of payment. If you register online and qualify for the discount, please send an email to Recreation Center, and Rolling Hills County Park) will also dsk@washtenaw.org and we will credit your Visa/Mastercard and email you the receipt. incur a \$10 fee per week, per child. Transfers are not permitted after the enrolled session has begun. Make checks payable to WCPARC. Credit Card information needed for mail/fax forms only. Waiver Card Number Exp date / I attest that my child is physically capable of participating and give my permission to participate in all activities in the Signature____ above programs for which I have registered and hereby release Washtenaw County Parks and Recreation Mail To: WCPARC, P O Box 8645, Ann Arbor, MI 48107 Commission from any responsibility whatsoever for personal Fax To: 734-971-2094 injuries, damages, or loss of equipment resulting from Washtenaw County Parks and Recreation Commission Tax I.D. #38-6004894 participation. OFFICE USE ONLY:

Staff Initials

Date

Signature

Date