

# Walled Lake Community Education Registration Form

850 Ladd Rd. Walled Lake, MI 48390 248-956-5000

\*For all policies and procedures, please visit us on the web at [www.wlcsd.org/cec](http://www.wlcsd.org/cec)

*One form per person and activity—Please Print - All Fields must be completed to process registration*

CLASS NAME: \_\_\_\_\_

CLASS NUMBER: \_\_\_\_\_ FEE FOR CLASS: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOMESCHOOL: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER (CIRCLE ONE): MALE FEMALE

T-SHIRT SIZE (IF NEEDED—CIRCLE ONE): YM YL AS AM AL AXL

VOLUNTEER TO COACH? YES \_\_\_ NO \_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ \*EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORKPHONE: \_\_\_\_\_

*\*Photographs may be taken at all activities. For more information visit our website at [www.wlcsd.org/cec](http://www.wlcsd.org/cec)\**

**All portions must be filled out completely for all recreation and camp activities.**

**Authorization to dispense medication must be on file one week prior to camp beginning.**

## EMERGENCY RELEASE INFORMATION

ANY MEDICAL, PSYCHOLOGICAL, AND OR OTHER PROBLEMS (ALLERGIES, MEDICATIONS, ETC)?

\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT OTHER THAN PARENTS: \_\_\_\_\_ PHONE: \_\_\_\_\_

### RELEASE AND HOLD HARMLESS AUTHORIZATIONS:

I authorize Walled Lake Community Education to secure emergency medical and/or surgical treatment for \_\_\_\_\_ while in their care. Non-emergency medical treatment or elective surgery is not in this authorization.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

PAYMENT: CASH \_\_\_ CHECK # \_\_\_\_\_ VOUCHER: \_\_\_ AMOUNT: \_\_\_\_\_ Credit card payments only accepted online as of 9/1/17.

ENTERED IN REGWERKS BY: \_\_\_\_\_ ENTRY DATE: \_\_\_\_\_