



Mt. Pleasant Parks and Recreation CAMPS

Child's Last Name: _____ Child's First Name: _____ D.O.B: _____
 M/F: _____ Current School: _____ Grade in 2016-17: _____ T-Shirt Size: YS(6-8) YM(10-12) YL(14-16) YXL(18-20)
 (circle) Adult Sizes: AS AM AL AXL
 Primary Guardian: _____ Secondary Guardian: _____
 Address (required): _____ Address (required): _____
 City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work: (____) _____ Home Phone: (____) _____ Work: (____) _____
 Cell Phone: (____) _____ Provider: _____ Cell Phone: (____) _____ Provider: _____
 Email Address: _____ Email Address: _____
 Emergency Contact: _____ Emergency Contact: _____
 Cell Phone: (____) _____ Cell Phone: (____) _____

Summer Camp Registration					Amount Due	
Camp PEAK	Ganiard (K-3)	Vowles (K-3)	Vowles (4-6)	West (7-8)	C.I.T. (14-15)	\$
School's Out Camps	6/19-23	8/7-11	8/14-18	8/21-25	8/28-9/1	\$
Reading Clinic	Ganiard Elementary, 7/5 – 7/27					\$
SUBTOTAL					\$	
CAMP PEAK PARTICIPANTS ONLY - Subtract \$20 early bird discount when registered by May 26 (Must be paid in full to receive discount)					\$	
TOTAL DUE – Make Checks Payable to MPPR (Payment plans available; contact MPPR for more details.)					\$	

I, the undersigned, parent/guardian having legal custody/legal custody of said minor, give permission to attend any of the MPPR/PEAK Summer Camp activities. Said minor is physically and mentally prepared to participate in all activities as described for said program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities for which I have given my permission and, thereby, will not hold the PEAK Program, Mt. Pleasant Parks and Recreation, or Mt. Pleasant Public Schools liable for any injury incurred during these activities.

I do hereby grant permission for photos and/or video of my child to be used by the PEAK Program and Mt. Pleasant Parks and Recreation for promotional and educational purposes

I do hereby grant permission for my child to participate in PEAK Program surveys and program evaluations.

Parent or Guardian Signature Required for Enrollment

Date

All interested persons may attend and participate. Persons with disabilities needing assistance to participate may call the Human Resources Office at (989) 779-5313. Persons requiring speech or hearing assistance may contact the City through the Michigan Relay Center at 1-800-649-3777. A seven day advance notice is necessary for accommodation.

Return Registration Form and Payment to:

Mt. Pleasant Parks and Recreation, City Hall, 320 W. Broadway, Mount Pleasant, MI 48858
www.mt-pleasant.org/PEAK 989-779-5331 www.facebook.com/MYPEAK

For Office Use Only Cash/Check # _____

RecTrac Receipt #: _____