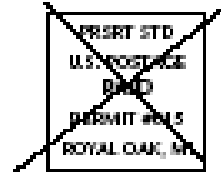


**Oakland Yard Athletics**  
 5328 Highland Rd.  
 Waterford, MI 48327  
 www.oaklandyard.com



Mail or fax BOTH sides of registration forms to: OYA Summer Camps - 5328 Highland Rd. - Waterford, MI 48327 - 248.673.0100 - Fax: 248.673.0084

**OAKLAND YARD ATHLETICS 2007 SUMMER CAMP REGISTRATION**

**TRANSPORTATION WAIVER AND RELEASE OF LIABILITY**

In consideration of Oakland Yard Athletics, L.L.C., a Michigan limited liability company ("OYA") furnishing transportation services to my child in conjunction with OYA camp activities, I, on behalf of myself, my child, and our respective representatives and heirs, authorize OYA to and request that OYA provide transportation services to my child in conjunction with OYA camp activities, and hereby voluntarily release, waive, discharge, hold harmless, defend and indemnify OYA and its owners, agents, officers and employees from and against any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise as a result of the providing of transportation services to my child in conjunction with OYA camp activities (including without limitation transportation to, from or during any camp practice). I specifically understand that I am releasing, discharging and waiving any claim or action that I may have presently or in the future for the acts or other conduct by the owners, agents, officers or employees of OYA.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXONERATE AND RELIEVE OYA FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER ACT OR OMISSION.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

If you need a passport, add \$10 per child. Amount Enclosed \_\_\_\_\_ Full payment is required with each application to reserve space.

Check Enclosed  Credit Card Visa/MC /Amex # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**REFUND POLICY**

**Camps:** Oakland Yard Athletics will refund 95% of the registration fee if requested 7 days prior to the start of the camp. If a refund is requested within 7 days of the start of the camp the refund will amount to 80% of the registration fee. Refunds will not be given once a camp has started. Pro-rated refunds will be granted upon receipt of a doctor's note only once a camp has started. Oakland Yard offers full refunds for any programs we cancel.

**Breakfast and Lunch Clubs:** Breakfast and Lunch Club are discounted for week long purchases. Discounts are adjusted prior to any refunds so canceling 1 day of breakfast club results in no refund. Canceling a 2<sup>nd</sup> day of breakfast results in \$6 refund. Likewise, canceling 1 day of lunch club results in no refund. Canceling a 2<sup>nd</sup> day of lunch club results in \$10 refund. Please allow up to three weeks for a refund to be processed.

**CANCELED CHECK POLICY:** There will be a \$25 fee for all returned checks.

**Emergency Information:** (This information is mandatory.)

Allergies, special medical notes: \_\_\_\_\_

1) Parent/Guardian \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Parents email \_\_\_\_\_

2) Parent/Guardian \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Parents email \_\_\_\_\_

**PICKUP INFORMATION**

If parent is not picking up child, who will be? Name \_\_\_\_\_ Phone \_\_\_\_\_

**NOTICE:** Sports activities involve varying degrees of risk depending on the skill of the participants and the level of play. Each participant in the sports activities at Oakland Yard Athletics acknowledges that he or she is fully knowledgeable as to the risks of the sports in which the individual intends to participate. The participant states that he or she is in good health and has no knowledge of any infirmity which would impair ability or increase any risk. The undersigned participant agrees to assume all risks of the activity in which the undersigned will participate and waives all claims against Oakland Yard, its agents, owners and employees arising out of the participation by the undersigned in the sports and other activities at the Oakland Yard Athletic property. This agreement to assume the risks of the sports and other activities shall be continuing and involved in writing with an acknowledgment in writing that the execution has been received by a manager of Oakland Yard.

**PARENT'S AUTHORIZATION**

The undersigned is the parent or legal guardian of (child's name) \_\_\_\_\_ who is a minor. The undersigned acknowledges notice of the risks of the sports and other activities at the Oakland Yard as stated in the above Notice, and approves of participation by the minor in the sports and activities. The undersigned accepts and assumes the risks of the activities on behalf of the minor as stated in the foregoing paragraph. The undersigned authorizes employees of Oakland Yard Athletics to request medical treatment for the minor in the event of any emergency which in the opinion of the employees requires immediate medical treatment.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

— Please fill out rest of form on reverse side —