

OAKLAND YARD ATHLETICS 2007 SUMMER CAMP REGISTRATION

Download extra forms at: www.oaklandyard.com

Mail or fax both sides of registration form to: OYA Summer Camps • 5328 Highland Rd. • Waterford, MI 48327 • 248.673.0100 • Fax 248.673.1084

CAMPER #1

CAMPER #2

First Name _____ Last Name _____

First Name _____ Last Name _____

Date of Birth ____/____/____

Date of Birth ____/____/____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

CAMPS ATTENDING

REGISTRATION CODE

	BC
	LC
	WP

REGISTRATION CODE

	BC
	LC
	WP

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Please record camp registration code for camp(s) attending and indicate with an "X" whether participant will be attending our Breakfast Club, Lunch Club, or Working Parent.

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All campers will receive a Summer 2007 t-shirt at their first week of camp. Please indicate size:

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- YS (6-8) YM (10-12) YL (14-16)
 ASM AMD ALG AXL

- YS (6-8) YM (10-12) YL (14-16)
 ASM AMD ALG AXL

Returning camper? Yes No

Returning camper? Yes No

If you are a new camper were you referred by someone? If so, who?

If you are a new camper were you referred by someone? If so, who?

Yes. Please sign me up for the Oakland Yard 2007 Campership Program.

Yes. Please sign me up for the Oakland Yard 2007 Campership Program.

Renew my 2006 Campership

Renew my 2006 Campership

May we apply sunscreen to your child? Yes No

May we apply sunscreen to your child? Yes No

Do you currently have an Oakland Yard passport? Yes No
 (See page 5.) Add \$10 to registration fee if answer is no.

Do you currently have an Oakland Yard passport? Yes No
 (See page 5.) Add \$10 to registration fee if answer is no.

Please indicate equipment needs: _____

Please indicate equipment needs: _____

Oakland Yard needs to know equipment requests BEFORE the start of camp in order to have necessary equipment ready for each child.

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— Please fill out rest of form on reverse side —

FOR OFFICE USE ONLY

Date Accepted	Master List	Data Base	Campership Packet	Confirmation Sent

Notes: _____

Last Name Initials

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Oakland Yard Athletics

5328 Highland Rd.
Waterford, MI 48327
www.oaklandyard.com

PRSR STD
U.S. POSTAGE
PAID
PERMIT #615
ROYAL OAK, MI



248.673.0100

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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 activity. I specifically understand that I am releasing, discharging and waiving any claim or actions 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. Prorated 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 Club: 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 2nd day of breakfast results in \$6 refund. Likewise, canceling 1 day of lunch club results in no refund. Canceling a 2nd 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 _____

PICK UP 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 sport 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, servants and employees arising out of the participation by the undersigned in the sports and other activities at the Oakland Yard Athletics property. This agreement to assume the risks of the sports and other activities shall be continuing until revoked in writing with an acknowledgment in writing that the revocation 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 —