

8th Annual Fireworks! Saturday, July 10th

Tickets are available at the front desk.

Live music on our patio! Total Family Fun!

Cost: \$12/adults
\$5/children.

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

OAKLAND YARD ATHLETICS 2004 SUMMER CAMP REGISTRATION

CAMPER #1

First Name _____ Last Name _____

Date of Birth _____/_____/_____

Address _____

City _____ Zip _____

CAMPER #2

First Name _____ Last Name _____

Date of Birth _____/_____/_____

Address _____

City _____ Zip _____

CAMPS ATTENDING

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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 Lunch Club Add-On.

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All camps include a camp t-shirt. Please indicate size:

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

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YS (6-8)
 YM (10-12)
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 ASM
 AMD
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 AXL

Returning camper? Yes No

Returning camper? Yes No

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

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

Renew my Campership

Renew my Campership

How did you hear about Oakland Yard? _____

How did you hear about Oakland Yard? _____

Cyberfare Discount: _____

Cyberfare Discount: _____

See our website for weekly specials.

See our website for weekly specials.

May we apply sunscreen to your child? Yes No

May we apply sunscreen to your child? Yes No

Do you currently have a passport? Yes No

Do you currently have a passport? Yes No

Are you a first time camper at Oakland Yard? Yes No

Are you a first time camper at Oakland Yard? Yes No

All working parent sign-ups must go through the front desk. Please call 248.673.0100 to make arrangements the week prior to your camp date.

— Please fill out rest of form on reverse side — Please do not cut page in half!! Fill out and fax both pages. —

FOR OFFICE USE ONLY

| | DA | ML | DB | CC | CP |
|----|----|----|----|----|----|
| EI | | | | | |

LN Initials

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Oakland Yard Athletics

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

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



248.673.0100

Information
available at
WWW.OAKLANDYARD.COM

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OAKLAND YARD ATHLETICS 2004 SUMMER CAMP REGISTRATION

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.

Allergies, special medical notes: _____

Add \$5 per child/per passport. Amount Enclosed _____ Full payment is required with each application to reserve space.

Check Enclosed Credit Card Visa/MC # _____ 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 weeklong 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.

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

Emergency Information: (This information is mandatory.)

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 —