

Registration and Roster

Oakland Yard Athletics • 5328 Highland Rd. • Waterford, MI 48327
 248.673.0100 • Fax: 248.673.1084 • www.oaklandyard.com

Please have each participant fill out their information completely. A signature is required in order to participate. Those under 18 years of age must have a parent's signature in order to participate.

Team Name: _____ Sport: _____ Reg. Code: _____

Please check box for main contact. Phone and email only needed for main contact, name needed for both.

Manager Name: _____ Coach Name: _____

Phone (h/w/c): _____ Phone (h/w/c): _____

Manager e-mail: _____ Coach e-mail: _____

Cardholder name: _____

Address: _____ Zip: _____

Authorization Signature: _____ Date: _____

Card #: _____ Expiration Date: _____

Parent Signature (if required): _____

NOTICE OF RISK and ASSUMPTION AGREEMENT and PHOTO RELEASE

Sports activities involve varying degrees of risk depending on the skill of the participants and th 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 acknowledges the participant or parent is informed as to the equipment and safety devices required or advisable in the activity. The undersigned participant or parent agrees to assume 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 participation by the undersigned in the sports and other activities at the Oakland Yard Athletics' property. The undersigned or parent does not rely upon Oakland Yard Athletics or any of its employees to supervise, referee or otherwise control the sport activity. 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 Athletics. Participant acknowledges that during the course of using the OYA, his/her photograph or video may be taken by the Operators or an agent or representative of the Operators. Each participant hereby grants the Operators permission to use any such photograph or video taken of participant for use in materials promoting the operator. Such use may include publication in program, general advertising, posters, flyers, television, and any other vehicles that may be distributed or shown or otherwise seen by large numbers of individuals and potential patrons of OYA.

PRINT CLEARLY PLEASE.

Name	1
Signature	DOB
Address	
City	Zip
Phone (h) ()	
Phone (w) ()	
Email	

Name	2
Signature	DOB
Address	
City	Zip
Phone (h) ()	
Phone (w) ()	
Email	

Name	3
Signature	DOB
Address	
City	Zip
Phone (h) ()	
Phone (w) ()	
Email	

Name	4
Signature	DOB
Address	
City	Zip
Phone (h) ()	
Phone (w) ()	
Email	

Name	5
Signature	DOB
Address	
City	Zip
Phone (h) ()	
Phone (w) ()	
Email	

Name	6
Signature	DOB
Address	
City	Zip
Phone (h) ()	
Phone (w) ()	
Email	

MAKE COPIES OF THIS PAGE FOR EXTRA TEAMMATES.

FOR OFFICE USE ONLY

Taken By: _____ Date Received: _____ Notes: _____

Do you have a credit card number on file? Yes No Entered in database? Yes No

Is the contact information complete? Yes No Phone, Address and Email? Yes No