

OXFORD ATHLETIC CLUB

PRESCHOOL PLAYERS CLASS

FOR 3 and 4 YEAR OLDS

Registration (should be 3 years old by 9/1/09)

Child's Name _____ Membership # _____

Date of Birth _____ Phone # _____

Parent's Name _____ Membership# _____

Address _____

Emergency Contact _____ Phone # _____

Parent's Email _____

Allergies:

____ None

____ Food Allergies

____ Bee Stings

____ Other _____

Medical Needs:

____ None

____ Asthma

____ Diabetes

____ Other _____

Please explain in detail any developmental or emotional needs your child may have.

Days: Wednesday

Time: 9:15-10:30am

Fees: \$50/month, 1 class/week

Contact: Stephanie Lehmeier, ext. 118

or slehmeier@oxfordathleticclub.com

Circle month/months: SEPT/OCT/NOV/DEC/JAN/FEB/MAR/APR/MAY

PLEASE NOTE: A \$20.00 fee will be applied to your account if cancellation or "no show" should occur for a month you are registered. If cancellation has been agreed upon between parent and instructor, this fee will be waived.

I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Oxford Athletic Club (OAC), respective agents, successors, and assigned for any and all injuries which may be suffered by me/my child in connection with participation with the Kid Zone or Youth Zone programs. I grant OAC staff permission to seek medical attention if any emergency arises. I have notified the Director in writing of any condition, illnesses, or medication that may impair my child's ability to participate.

I agree to permit OAC to use my photograph and/or my family members' photographs to be used in any of the club's informational and promotional pieces without compensation. Those images will be used by OAC only.

Parent's Signature _____ **Date** _____