



Oxford Township Parks and Recreation
Waiver of Liability & Hold Harmless - Program Registration Form
Please complete all information - one (1) participant per registration form



Participant Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____

Gender: _____ Date of Birth (*if under 18 years old*): ____/____/____ Grade: _____ School: _____

Special Notes on Participant (Allergies/Medical Conditions): _____

Program Name: _____ Code: _____ Fee: _____

Program Name: _____ Code: _____ Fee: _____

Program Name: _____ Code: _____ Fee: _____

Volunteer Coach Information – Check here _____ to be a youth sports **HEAD COACH**

Name: _____ Phone #'s: Home: _____ Work/Cell: _____

Emergency Contact Information (Parent/Guardian/Other)

Name: _____ Relationship: _____

Phone #'s: Home: _____ Work: _____ ext. _____ Cell: _____

Name: _____ Relationship: _____

Phone #'s: Home: _____ Work: _____ ext. _____ Cell: _____

BUDDY SYSTEM: Use of the buddy system is for **youth leagues only**. To facilitate ride sharing and team formation, Oxford Township Parks and Recreation offers a “Buddy System”. To participate in the “Buddy System” **both players** must be in the **same league** and in addition **must select each other**. Only **ONE** “Buddy” request per participant. Buddy requests received **after the registration deadline**, as printed in the event description, **cannot be considered**.

Buddy's Name: _____ - **NO COACH REQUESTS WILL BE TAKEN!**

I agree not to hold Oxford Area Community Schools, The Township of Oxford, Oxford Township Parks & Recreation Commission, Facility owners, Program Staff and Volunteers liable for loss or injury as a result of participation in this program. I understand that injury may result from normal participation and I further attest that I am physically fit to participate in a program I also agree to abide by all rules and regulations. **ANY MISREPRESENTATION (i.e. AGE/RESIDENCE/etc.) WILL RESULT IN IMMEDIATE SUSPENSION FROM THE LEAGUE/PROGRAM.** Photographs and videos may be taken at certain Parks and Recreation Department activities and unless The Parks and Recreation office receives written signed obligation, photos may be reproduced in department publications.

I have read and understand the above paragraph.

Participant's Signature: _____ **Date:** _____

(Parent or Guardian's signature required if under 18 years of age)

Return this COMPLETED & SIGNED registration form along with payment to:

OXFORD TOWNSHIP PARKS AND RECREATION

P.O. Box 170, Oxford, MI 48371 Phone # (248) 628-1720 Fax # (248) 628-1854 Website www.oxparkrec.org

Credit Card Number: _____ - _____ - _____ Expiration Date (Month/Year): _____ / _____

Name as it appears on CC: _____ 3 Digit CVV # (on back of card): _____

Date Received: _____ Amount Received: _____ Received By: _____