

**PRESCHOOL PLAYERS CLASS**  
**FOR “older” 2 YEAR OLDS**

**Registration for September 2011-May 2012**

**(must be 2 years old on or before March 1, 2011)**

***Registration begins March 15, 2011***

Child's Name \_\_\_\_\_ Membership # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's Name \_\_\_\_\_ Membership# \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's E-mail Address \_\_\_\_\_

Allergies:

\_\_\_\_None

\_\_\_\_Food Allergies

\_\_\_\_Bee Stings

\_\_\_\_Other \_\_\_\_\_

Medical Needs:

\_\_\_\_None

\_\_\_\_Asthma

\_\_\_\_Diabetes

\_\_\_\_Other \_\_\_\_\_

Please explain in detail, any noted above and/or any developmental or emotional needs your child may have. \_\_\_\_\_

**PRESCHOOL PLAYERS FOR “older” 2 YEAR OLDS:**  
**must be 2 years old on or before 3/1/11**

**Days and Time:**      **Tuesday AND Thursday    9:15-10:30am**

**Fee:**                      **2 classes/week: \$95/month**

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, 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 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 Oxford Athletic Club 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 Oxford Athletic Club only.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

