

TERRIFIC TOTS CLASS
FOR “younger” 2 YEAR OLDS
Registration for September 2011-May 2012
(must be 2 years old by September 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. _____

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Day and Time: **Wednesdays 9:15-10:30am**

Fee: **1 class/week: \$50/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** _____