

Oxford Youth Association Lifetime Family Data Sheet and Agreement

Player	Last Name	First Name	DOB	Current Grade	Gender	Medical Condition
# 1						
# 2						
# 3						
# 4						

Mothers's Name			Work Tel:	
Father's Name			Work Tel:	

Street Address:		Home Phone:	
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	Email Addresses for Notifications
Oxford, New Jersey 07863	
Other:	


Mailing Address:	
Oxford, New Jersey 07863	
Other:	

Emergency Contact:		
Last Name:	First Name:	Phone:

I / We the parents/guardians of the above names individual hereby give our authorization to participate in any and all activities, including transportation to and from activities sponsored by the Oxford Youth Association. I/We understand that participation in the said programs sponsored by the OYA may result in injury when a player utilizes safety equipment. I/We absolute, waive, release, absolve, idemnify and agree to hold harmless the Oxford Youth Association, it's executive board, coaches, sponsors, supervisors, and represenatives from any liability from injuries occurred or suffered by the players listed above during normal participation in the programs offered by the OYA, whether the result if negligence or any other cause. I/We agree to return any and all equipment and/or uniforms issues by the OYA in good condition with the exception of normal wear. Any and all damage and unretruned equipment and/or uniforms will be billed to the parent/guardian of the above names player(s).

Internet Authorization:	Y	N	
Authorization for photos to be posted online			
Authorization for Jersey # to be posted online			

All Items not listed above will not be posted online due to individual privacy

	Oxford Youth Association - PO Box 431 Oxford, NJ 07863	
	Parent Participation	
	Coaching / Asst Coach	
	Concession Stand	
Team Mom/DAD		

The OYA will not tolerate the use of DRUGS, ALCOHOL, TOBACCO and/ or PROFANITY

I have read this document and agree to all terms and conditions. I also confirm that this is a lifetime agreement.

Signature of Parent/Guardian: _____ **Date:** _____