

Oxford Youth Association - 2014 Registration Document

Registration for what Sport:

Athletes Name: Grade: Gender: DOB:

Address: Parents Names:

Home Phone: Cell Phone: Email Address:

Uniform Information Shirt Size: Short Size: (Sizes should reflect YS, YM, YL, etc.)

May we add your cell # to our text message alert system. (game cancellations, Sign up Updates, Etc). Text Rates may apply.

\$50.00 \$75.00

PD Reg: PD Bond:

Parent Involvement:

Coach: ASST Coach: Team Mom: Team Dad: Other: Other:

Sport Bond Buy-Out OPTION:

If you would like to select the option of "BOND BUYOUT", check the box below and submit a check for \$75.00 and notate "BOND BUYOUT" in the memo field of your check.

I am Selecting the BOND BUYOUT Option. Parent/Guardian Initials:

Fees:

Registration per player: \$50.00 + Family Bond: \$75.00 OR BOND BUYOUT: \$75.00

Bond Fulfillment Information:

The OYA will supply a listing of opportunities for parents/guardians to fulfill their FAMILY BOND requirements, it will be the parents/guardians responsibility to ensure that they fulfill the FAMILY BOND requirements. The OYA will provide information as to how parents/guardians can register for these opportunities. After 2 weeks after sport ends, the OYA will be cashing all Bond checks that have NOT been satisfied.

Carpool / Rideshare Information: - NOT GUARANTEED

Due to Rideshare needs, please assign my Athlete on the same team as:

I / We understand this request cannot be guaranteed Parent/Guardian Initials:

Fundraising:

There will be several opportunities to support the OYA by having Athletes and Families work on fundraisers. Fundraising opportunities will either be handed out by the coach or email to the email addresses we have on file.



Oxford Youth Association
PO Box 431
Oxford, New Jersey 07863
information@oyanj.org

Thank you for your Cooperation

If you cannot afford the registration fee or family bond, please communicate to one of our officers and we will work with you to ensure your Athlete get's to play.

Emergency /Medical information and Release Below!



***** The below information will be removed from this form and supplied to the Coach in case of Emergency *****

Medical Release Information:

Player Name:

Allergies:

Medical/Special Problems:

Medication
needed:

Medical Facility Preference:

Physicians Name

Physicians Contact Information

Medical Insurance Information:

Name of Insurance Company:

Policy/Group #:

I/We, being the parent(s) or legal guardian(s) of the above named minor child / children hereby appoint:

Name Address Phone

Name Address Phone

to act in my/our behalf in authorizing unexpected medical care, dental care, and hospitalization
for the above named minor(s) during the period of my/our absences from:

Thru

Parent / Guardian Signature:

Date:

Coach shall have copy of this document to present to medical professional in case of Emergency