

# Oakland Township Parks and Recreation Registration

## Online Registration Available!



Oakland Township resident registration starts NOW! Non-resident registration begins one week prior to the program registration deadline date.

### Registration Options:

1. Register online at <https://oaklandtownship.recdesk.com> with a credit card (MasterCard, Visa, or Discover). For Cash Check see options 2 and 3.

or

2. Fill out the form below and the release of liability waiver on back of form for each participant, register by mail or drop in the drop-box at Township Hall, (4393 Collins Rd.) after hours. (One waiver is needed for each person and each program. Find liability waivers at [www.oaklandtownship.org](http://www.oaklandtownship.org), go to Township Departments, click on Parks and Recreation, click on Programs and scroll to the waiver that you need in center of page.)

Make checks payable to "Charter Township of Oakland" and mail with registration form and signed waiver for each participant to: Charter Township of Oakland, 4393 Collins Rd., Rochester, MI 48306

3. Visit us at our office location and register in person.

Credit cards (MasterCard, Visa, or Discover), cash, or check.

Paint Creek Cider Mill Bldg. (2nd Floor)

4480 Orion Rd., Rochester, MI 48306

Office Hours: Monday - Friday 8am - 4:30pm

Additional registration forms and waivers are available to print from the park pages at [www.oaklandtownship.org](http://www.oaklandtownship.org)

Adult's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Resident of (circle one): Oakland Twp. Rochester Rochester Hills Other

Enrollee's Name: \_\_\_\_\_ Age (if child): \_\_\_\_\_

Program Name: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Program Name: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Amount Due: \_\_\_\_\_

**Mail at least two weeks before program date!**

Charter Township of Oakland  
4393 Collins Rd., Rochester, MI 48306

# Oakland Township Parks and Recreation Program Refund Policy



Registrants will receive a full refund for programs cancelled by Oakland Township Parks and Recreation.

Registrants withdrawing more than 4 business days prior to the program start date will receive a full refund. No refunds will be made if withdrawing less than 4 business days from program start date. All registrants wishing to withdraw, must do so during regular business hours Monday-Friday, 8am-4:30pm in person at the Paint Creek Cider Mill, 4480 Orion Rd., or by phone at 248-651-7810.

Visit [www.oaklandtownship.org](http://www.oaklandtownship.org) for complete program information and other Park and Recreation information, permits, and ordinances.

## Oakland Township Parks and Recreation

### Release of Liability Waiver and Permission to Publish Photographs

Use this waiver for general programs. A separate release of liability waiver must be submitted for each program for which each participant registers.

Special waivers are required for Camps, Archery, Kayaking, and Stand Up Paddleboarding and are available on the Park Programs page of the Township website: [www.oaklandtownship.org](http://www.oaklandtownship.org)

Liability Waiver For Participant: As a participant (or as a parent of a participant under 18 years of age) in the above Oakland Township Parks & Recreation program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, loss which I sustain as a result of participating in any and all activities connected with or associated with the program. I do hereby fully release and discharge the Charter Township of Oakland, Oakland Township Parks & Recreation Commission, their officers, agents, volunteers, sponsors and employees from any and all claims from injuries, including death, damages or loss which I may have or which may occur to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Charter Township of Oakland, Oakland Township Parks & Recreation Commission, their officers, agents, volunteers, sponsors and employees from any and all claims resulting from injuries, including death and losses sustained by and arising out of, connected with, or in any way associated with this program.

I authorize the use photographs showing my image in any of their printed documents and on their website.

**Medical Care.** Please check one of the following boxes:

I am willing to allow my child to receive First Aid treatment, and if necessary, further medical attention that may include transportation to a local medical facility. I understand that, if possible, I will be contacted if additional medical care is needed.

I am willing to allow my child to receive First Aid Treatment, but I do not want my child to receive additional medical attention, including transportation to a local medical facility. If advanced medical care is necessary, please follow these instructions:

\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of participant (Parent's signature if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (include name of minor, if any)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Emergency Contact and Phone Number

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Program Date

\_\_\_\_\_  
Township Park

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Program Date

\_\_\_\_\_  
Township Park