

Individual OASIS Registration Form & Student & Adult Release Form

Please bring all completed forms with you on Nov. 4, 2011

Name of Student: _____

Address: _____ City: _____ St: _____ Zip: _____

Email: _____ @ _____

Birthdate: _____ High School Graduation Year: _____ Sex (M/F): _____

Church Name: _____ City/State: _____

Youth Leader / Sponsor: _____

Name of Parent/Legal Guardian: _____

Home Phone: () _____ Emergency Phone: () _____

Secondary Contact to notify in event of emergency: _____

Relationship to Student: _____ Contact Phone: () _____

Parental Consent (REQUIRED)

Emergency Authorization – In the event of an emergency where neither the secondary contact nor myself can be reached, I hereby give permission to the physician selected by the participant's Church sponsor or OASIS staff to order X-rays, routine tests, secure proper treatment, hospitalize, order injections and/or anesthesia and/or surgery for my child as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have and do hereby, release OASIS, its directors, employees, or agents from liability associated with participation in OASIS.

Photo Release – This document serves as a release for my child to appear in photographs and/or videotapes while participating in OASIS for the purposes of publicity, staff training, and/or promotion.

Name of Student _____

Primary Insured _____

Insurance Company _____ Phone: () _____

Policy # _____

Please list any allergies or special medical problems your child may have

May be given over-the-counter pain medication: Yes No

Signature of Parent/Legal Guardian _____ Date _____