

# OASIS STUDENT CONFERENCE

## Student Registration Form & Adult Release Form

Please bring all completed forms with you on first day of conference.

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Twitter: \_\_\_\_\_

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: \_\_\_\_\_

**Insurance Information** – 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 \_\_\_\_\_