

Family Name \_\_\_\_\_

First Names of Oasis Attender(s): \_\_\_\_\_

\_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Student's Email: \_\_\_\_\_ (\_\_\_\_\_) ☐

Student's Email: \_\_\_\_\_ (\_\_\_\_\_) ☐

Student's Email: \_\_\_\_\_ (\_\_\_\_\_) ☐

Parent or Family Email: \_\_\_\_\_ ☐

*PLEASE CHECK OFF THE EMAIL ADDRESS(ES) TO RECEIVE OASIS EMAILS.*

Parent/Guardian Name: \_\_\_\_\_

(Relationship to student(s): \_\_\_\_\_)

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

(Relationship to student(s): \_\_\_\_\_)

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**Due to the pandemic, I will not send my child to Oasis when the following symptoms are present: coughing, sneezing, fever, runny nose.**

Initial here \_\_\_\_\_

*The following information pertains to all Oasis attenders in the household:*

Name: \_\_\_\_\_ (Goes by: \_\_\_\_\_)

\*Birthdate: \_\_\_\_\_ (MM/DD/YYYY)

\*School: \_\_\_\_\_ Grade: \_\_\_\_\_ (as of Sept. 2020)

Allergies: \_\_\_\_\_ MSP# \_\_\_\_\_

Name: \_\_\_\_\_ (Goes by: \_\_\_\_\_)

\*Birthdate: \_\_\_\_\_ (MM/DD/YYYY)

\*School: \_\_\_\_\_ Grade: \_\_\_\_\_ (as of Sept. 2020)

Allergies: \_\_\_\_\_ MSP# \_\_\_\_\_

Name: \_\_\_\_\_ (Goes by: \_\_\_\_\_)

\*Birthdate: \_\_\_\_\_ (MM/DD/YYYY)

\*School: \_\_\_\_\_ Grade: \_\_\_\_\_ (as of Sept. 2020)

Allergies: \_\_\_\_\_ MSP# \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

If Heritage Alliance is not your home church, how did you hear about Oasis?

\_\_\_\_\_

### **Emergency Info**

Please describe any physical, emotional/mental, or behavioural concerns or limitations of your child(ren) of which our staff should be aware. (Please also indicate if your child(ren) will be bringing any medications to Oasis.)

\_\_\_\_\_

\_\_\_\_\_

Dr's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

## **Medical Consent, Liability and Media Waiver**

In case of an emergency, the parent/guardian signed below, authorizes the Heritage Alliance Church (HAC) Oasis Program Personnel, to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the student(s) named above.

I, named below, undertake and agree to indemnify and hold harmless Oasis Program Personnel, HAC and its leaders from and against any loss, damage or injury suffered by the participant as a result of being a part of the activities of HAC, as well as of any medical treatment authorized by the supervising individuals representing HAC. This consent and authorization is effective only when participating in or travelling to events sponsored by HAC.

HAC is collecting and retaining this personal information for the purposes of enrolling your child(ren) in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child(ren), and to inform you of program updates and upcoming opportunities at HAC. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish HAC to limit the information collected or to view your child(ren)'s information, please contact us.

I, named below, understand that by attending Oasis, my child(ren) may be photographed or recorded in some way and I give HAC and Oasis Program Personnel permission to use said media on its websites, brochures or promotional materials, newsletters and social media networks.

I have read, understood and agree with the above and sign to cover all Oasis Program activities for the program year 2020-2021. (Informed Letters of Consent will be sent home for off-site activities and activities of elevated risk.)

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



**Oasis Student Ministries**

**Registration & Waiver**

**2020-2021**