



## Student Information

Student: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Medical Information: \_\_\_\_\_  
Special Needs: \_\_\_\_\_  
Parent Information: \_\_\_\_\_  
(name and phone) \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Insurance Plan: \_\_\_\_\_

### For Office Use Only

Session: \_\_\_\_\_  
Area: \_\_\_\_\_  
Location: \_\_\_\_\_  
Class: \_\_\_\_\_

## Authorization and Release

The undersigned, the parent or legal guardian of the above-named minor, grants permission for the above-named minor to participate in classes, camps and other activities provided or sponsored by Oasis Arts. ("the OASIS ARTS activities"). The undersigned understands and acknowledges that the above-named minor may suffer injury, sickness or other physical harm from participating in such activities. The undersigned further understands that the undersigned is responsible for all costs and charges for medical treatment that may result from such injury or sickness, or other damages that otherwise result, relate to or arise from participation in the OASIS ARTS activities.

The undersigned further understands and acknowledge that Oasis Arts will not allow the undersigned or the above-named minor or immediate relatives thereof to participate in the OASIS ARTS activities without releasing and holding Oasis Arts harmless. The undersigned requests that Oasis Arts allow above-named minor to participate in the OASIS ARTS activities, and in consideration thereof, agrees to release, and forever discharge Oasis Arts., its officers and directors, and their employees, agents and parties volunteering on behalf of OASIS ARTS

Oasis Arts from all actions, causes of action or claims for damage of any kind growing out of or relating to any of the OASIS ARTS activities in which the undersigned or above-named minor or their immediate families participate. The undersigned acknowledges that this is a full and complete release of all injuries, sicknesses and damages that the undersigned or above-named minor or their immediate families may sustain or incur as a result of participation in the OASIS ARTS activities.

The undersigned gives permission to OASIS ARTS to use any and all photographic portraits or pictures, television spots, movie films, videotapes, web sites and/or sound recordings, or any part thereof, taken or created during the OASIS ARTS activities which may include the undersigned or above-named minor or their immediate families in promotional materials.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent / Guardian

## OASIS ARTS Behavior Contract

I have read and agree to follow the guidelines stated in the OASIS ARTS Behavior Contract. I have read and understand the consequences of failing to follow them. I am aware that OASIS ARTS strives to keep students and others safe and free from harm when reasonably possible, but that OASIS ARTS cannot guarantee any person's safety, or that students will comply with these guidelines at all times.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Student's Name

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent's Name