

Oasis Special Events Registration

_____/_____/_____
Child #1 – First Name Last Name Sex Age Birthday
Does student have any medical conditions to which we should be alerted? __No __ Yes _____

_____/_____/_____
Child #2 – First Name Last Name Sex Age Birthday
Does student have any medical conditions to which we should be alerted? __No __ Yes _____

_____/_____/_____
Child #3 – First Name Last Name Sex Age Birthday
Does student have any medical conditions to which we should be alerted? __No __ Yes _____

Mom's Name Dad's Name Home Number Cell Number

Email Address

Home Address Street Address City Zip

Acknowledgement of Risk and Waiver of Liability

I give my permission for my child(ren) to attend and participate in an Oasis Gymnastics and Sports Center, Inc. Birthday party, Sleep Over, Kid's night out, Day Camp, Power Hour, Open Gym or similar activity. I understand that my child(ren) will be involved in physically challenging activities and games and that these games and activities have inherent risk of physical injury. On behalf of my children and myself, I am willing to accept this risk, and will not hold Oasis Gymnastics and Sports Center, Inc., its employees or agents at fault in the event of a mishap or accident.

_____/_____/_____
Parent or Legal Signature Date

8643 W. Kelton Lane Suite #110, Peoria Arizona 85382