

# 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**