



INDIVIDUAL REGISTRATION 2010 URBAN SCHOOL OF EVANGELISM

Please print clearly and answer all questions completely.
Then, return this form along with \$50 non-refundable deposit to the director of your outreach.
All attendees of the Urban School of Evangelism must have this form on file at the Oasis.

Name of Applicant: _____

Date of birth: _____ Age: _____ Gender: _____

Cell Phone: _____ Home phone: _____

Home Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Check here if you would like to receive a monthly newsletter.

Name of Parent or legal guardian: _____

Relationship to Student: _____

Parents Home Address (If different from above): _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work: _____ Cell: _____

Medical Statement, Consent to Treat, & Release of Liability

Do you have a physical disability that may limit your participation or require special attention during the outreach? _____

If so, please explain: _____

Are you on any special medication? _____ If yes, what kind: _____

Do you have any allergies that we should know about? _____

Is there any medical condition that would prohibit you to work with food in a kitchen? _____

Are you be able to walk 2-3 miles a day? _____

I/We hereby authorize medical treatment for the above minor/adult in the event of sudden illness, accident or injury, which may occur while the said minor/adult is under the supervision of The Oasis staff and/or its affiliates. As the parent or legal guardian I have read and listed any conditions that should be noted of my child's health and/or allergic reactions. In addition, I/We do hereby release The Oasis of Hollywood and all ministries and all persons involved from any liability arising from injury, death, damage, or loss that may be sustained by said participant during any involvements with the Urban School of Evangelism.

Signature of Applicant X _____ Date _____
(If under 18 years of age this must also be signed by parent or legal guardian)

Parent or legal Guardian X _____ Date _____

Group Name: _____
Week of: _____

