Oasis Achievement Academy
at Ulysses Byas Elementary

Child's Information

Child's Last Name: _____ Child's First Name: _____ Gender: ☐M ☐F   Date of Birth: _____

School: _____ Current Grade: _____ OSIS#:_____ T-shirt size: Child: ☐ S ☐ M ☐ L **OR** Adult: ☐ S ☐ M ☐ L ☐ XL

Will the child named above have a sibling also attending this camp? ☐Yes ☐No If Yes, Name of Sibling? _____

Does your child have any allergies? Yes ☐   No ☐ *Please describe:*_____

Does your child have asthma? Yes ☐   No ☐ *If yes, how is it treated?:*_____

Family Information

Parent/Guardian 1: *(Primary contact for child)* (Parent/Guardian are included as an authorized pick up for the child listed above)

☐Mr. ☐Ms. ☐Mrs. **Last Name:** _____ **First Name:** _____

Address *(w/ apt #)* : _____**City:** _____ **State:** _____ **Zip:** _____ **Email:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Parent/Guardian 2: *(Secondary contact for child)* (Parent/Guardian are included as an authorized pick up for the child listed above)

☐Mr. ☐Ms. ☐Mrs. **Last Name:** _____ **First Name:** _____

Address *(w/ apt #)*: _____**City:** _____ **State:** _____ **Zip:** _____ **Email:** _____

Home Phone: _____ **Cell Phone:** _____

Parental Permissions:

1. **Oasis Children's Services has permission to reproduce and publish any photograph, video or likeness of my child for advertising, commercial or any lawful purpose. Yes ☐ No ☐**

2. **Oasis Children's Services has permission to treat my child for routine, minor injuries such as scrapes and bruises. In the event that my family physician or I cannot be contacted in an emergency, I hereby grant Oasis Children's Services permission to bring my child to be treated at a hospital emergency room.**

   Yes ☐ No ☐

   I have read and agree to the above terms: _____ Date: _____
   (Parent's Signature)