

Registration Procedures

3 Ways to Register for Classes

- **Prior to January 6, 2014, U.S. Mail only.**
- **On or after January 6, 2014, U.S. Mail or Online at www.oasisnet.org/FindaClass.aspx**
- **On or after January 21, 2014, U.S. Mail or Online or In Person at OASIS.**

Please note that only **complete** registrations will be processed in order of the date received. Your signature on the waiver and payment of the processing fee are required each trimester. **Register early to avoid disappointment.** Registration processing will begin Monday, January 6, 2014.

Your complete registration will include

- √ Separate form for each member
- √ Separate payment for each member
- √ Accurate addition of class fees and processing fee
- √ Check correctly written, dated, signed
- √ Credit card information complete with expiration date and your signature
- √ Waiver of liability dated and signed by member registering
- √ Second or third choices for classes, if appropriate
- √ Completed new member form, if appropriate
- √ New volunteer form, if appropriate

Adding classes to your original registration

- ▶ Write “Add On” on the top of your registration. Do not pay the \$20 registration processing fee again.
- ▶ Note the dates and the Ways to Register at the top of the page.

Questions? Call 464-6555 Monday – Friday between 10:00 am and 4:00 pm.

Don't be disappointed. Register early to avoid class cancellation due to low enrollment.

OASIS Registration Form

Office
use only

Name _____ Date _____

Name _____

Address _____

City _____ Zip _____

Phone _____ Cell _____

May we email your registration receipt? Yes No

Email _____

Complete a separate form for each member and mail it with your payment to

OASIS
6333 State Route 298
East Syracuse, NY 13057

Please print

Class #	Class Title	Fee	Office use
Make checks payable to: OASIS		Class Fees	
Returned checks are subject to a \$25 fee.		Processing Fee*	+20.00
<input type="checkbox"/> Check	<input type="checkbox"/> Visa	Tax-deductible gift to OASIS	+
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	Subtotal	\$
<input type="checkbox"/> American Express		Less credit/coupon	-
Credit Card # _____		Total	\$
Exp. date ____/____	Signature _____		

**Credit cards charged to:
Blackbaud Merchant Services**

*Waiver & Release of Liability



Don't forget to sign the Waiver and Release of Liability.

**Required for class registration each trimester*

I release and discharge State University of New York Upstate Medical University (also known as SUNY Health Science Center at Syracuse), a component of which is University Hospital, State University of New York, and the State of New York, and their respective officers, trustees, directors, employees, and agents for any and all claims, demands, actions, losses, expenses, damages, and liabilities whatsoever in any manner related to or arising out of my participation in programs sponsored by OASIS including, but not limited to, educational, cultural, volunteer, physical fitness related programs, and travel in any form.

I attest that I have full and informed knowledge of the risks involved in physical fitness activities and have full and informed knowledge of the risks involved in the programs sponsored by OASIS, and I attest that I have obtained approval from my physician(s) to participate in same.

I understand that the OASIS mailing list may be used by OASIS sponsors for educational mailings. I understand that participants in programs sponsored by OASIS are expected to conduct themselves in a courteous manner, respecting the rights of all other participants, volunteers, and staff. I attest that I will conduct myself in a courteous manner and will respect the rights of all other participants, volunteers, and staff. I understand that if, in the sole discretion of State University of New York Upstate Medical University, I fail to conduct myself in a courteous manner and fail to respect the rights of all other participants, volunteers, and staff, I will not be allowed continued participation in the programs sponsored by OASIS.

I give permission for The OASIS Institute to photograph or videotape me and to use my name and image in OASIS materials and publicity. I authorize the use of my name and image in publications produced by The OASIS Institute's partners and by the media. I agree to be photographed or videotaped by the media for general publication.

Signature required: _____ **Date:** _____

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<input type="checkbox"/> Check	<input type="checkbox"/> Visa	Tax-deductible gift to OASIS	+
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	Subtotal	\$
<input type="checkbox"/> American Express		Less credit/coupon	-
Credit Card # _____		Total	\$
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Signature required: _____ **Date:** _____