OASIS Registration Form

WINTER/SPRING 2013 • *Please Print* • *Please Use a Separate Registration Form for Each Person*

Name:_____ e-mail Address _____

Address:_____
(STREET) (APT./CONDO) (CITY) (ZIP)

Home Phone ( ) _____ Cell Phone ( ) _____

CHECK LOCATION			CLASS #	PROGRAM NAME	FEE
☐JCC	☐NSSC	☐MG			
☐JCC	☐NSSC	☐MG			
☐JCC	☐NSSC	☐MG			
☐JCC	☐NSSC	☐MG			
☐JCC	☐NSSC	☐MG			
☐JCC	☐NSSC	☐MG			
☐JCC	☐NSSC	☐MG			
☐JCC	☐NSSC	☐MG			
☐JCC	☐NSSC	☐MG			
☐JCC	☐NSSC	☐MG			
☐JCC	☐NSSC	☐MG			

Please review the Registration Information on page 29 before registering.

TRIMESTER REGISTRATION PROCESSING FEE	**$14**
I WISH TO MAKE A TAX-DEDUCTIBLE CONTRIBUTION TO OASIS	
☐ **CASH** ☐ **CHECK #** _____ **AMOUNT** _____ **TOTAL**	

CREDIT CARD PAYMENT: ☐ VISA ☐ MasterCard Expiration Date ____ / _____

_____ **ACCOUNT NUMBER**

_____ **AUTHORIZED SIGNATURE**

WAIVER OF LIABILITY

I release and discharge OASIS, North Shore Senior Center, Macy's, and all other sponsors, supporters and all agents and persons acting for and on behalf of such entities from all claims or damages, demands or actions whatsoever in any manner related to or growing out of my participation in programs sponsored by OASIS and/or Macy's, including but not limited to: educational, cultural, volunteer, physical fitness related programs and travel in any form. I attest and verify that I have full knowledge of the risk involved in physical fitness activities and that I have obtained approval from my physician 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 OASIS programs are expected to conduct themselves in a courteous manner, respecting the rights of all other participants, volunteers and staff.

By (Signature) _____ Date _____

Please return to:

OASIS ■ 1777 Winnetka Road ■ Northfield, IL 60093 ■ PHONE: 847-242-6230 ■ FAX: 847-242-6246