

# REGISTRATION FORM

## 2010 OASC Summer Leadership Workshops

Please return registration form, along with your signed Participant Commitment form by Friday, June 11, with a \$75 non-refundable deposit to OASC, 707 13<sup>th</sup> Street SE, Suite 100, Salem, OR 97301-4035. Remaining balance must be paid by July 2, 2010.  
FAX (503) 581-9840 – PHONE (503) 480-7206.

**PLEASE DUPLICATE THIS and PARTICIPANT COMMITMENT FORM for each student.**

### TYPE OR PRINT ALL INFORMATION

Delegate's Name \_\_\_\_\_

First name for name badge (if different than above) \_\_\_\_\_

PERSONAL INFORMATION       Male       Female      Vegetarian?       Yes       No

Student       Advisor      T-shirt size \_\_\_\_\_

School \_\_\_\_\_      School Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_      County \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_      Emergency Phone (\_\_\_\_) \_\_\_\_\_

School Advisor \_\_\_\_\_      Advisor Home Phone (\_\_\_\_) \_\_\_\_\_

Grade & School in the fall \_\_\_\_\_      Date of Birth \_\_\_\_\_

Elected Office (if any) \_\_\_\_\_

Email Address \_\_\_\_\_      Cell Phone (\_\_\_\_) \_\_\_\_\_

How did you hear about our camps? \_\_\_\_\_

### PLACE A CHECK NEXT TO THE APPROPRIATE SESSION YOU WILL BE ATTENDING:

Session I – Senior High, July 11-16

Session II – Senior High, July 18-23

### COST

Session I & II High School — \$365, if deposit received by June 11; \$385 after June 11

Deposit Enclosed

Full Payment Enclosed

Bill School, PO # \_\_\_\_\_

Bill District, PO # \_\_\_\_\_

### FOR PARENTS TO COMPLETE

Please indicate any allergies or medical problems your child may have \_\_\_\_\_

Special needs/Accessibility needs/Dietary needs \_\_\_\_\_

Is your son/daughter presently on medication? If yes, name of medication \_\_\_\_\_

Doctor \_\_\_\_\_      Phone (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_      Phone (\_\_\_\_) \_\_\_\_\_

***I grant permission for my child to attend OASC Summer Leadership Workshop and allow medical treatment if needed. I understand that we are the primary insurance carriers, and OASC the secondary insurance carrier.***

Parent or Guardian Signature \_\_\_\_\_      Date \_\_\_\_\_

Name of insurance company \_\_\_\_\_

Group # \_\_\_\_\_      ID # \_\_\_\_\_

Whose name is policy under? \_\_\_\_\_

# 2010 OASC Summer Leadership Workshops

## PARTICIPANT COMMITMENT FORM

This form must be turned in, with all appropriate signatures, along with your registration form and \$75 deposit.

Our primary goal is for every delegate to experience a SAFE and FULFILLING week at camp. We feel strongly that in order for that to happen, each delegate must take responsibility for his or her own behavior. The following are rules that must be strictly observed by all delegates:

- 1. OUR CAMPS ARE CLOSED-CAMPUS.** Students will NOT be allowed to leave campus at any time without adult supervision or parental permission. Also, students not enrolled in camp will not be allowed to visit.
- 2. STUDENTS MUST OBSERVE DESIGNATED CURFEWS.** Dorms will be locked after “lights out,” and all students are expected to be in their own rooms.
- 3. STUDENTS ARE NOT ALLOWED IN THE SLEEPING ROOMS OF THE OPPOSITE SEX AT ANY TIME.**
- 4. THE USE OF DRUGS/ALCOHOL/TOBACCO IS STRICTLY PROHIBITED.**
- 5. STUDENTS ARE EXPECTED TO SHOW RESPECT FOR THE STAFF, OTHER CAMP DELEGATES, AND ALL WESTERN OREGON UNIVERSITY STAFF AND PROPERTY.**
- 6. ANY PRESENTATIONS GIVEN AT CAMP ARE EXPECTED TO BE IN GOOD TASTE.** Profanity and off-color jokes will not be tolerated.
- 7. BE ON TIME FOR ALL CAMP SESSIONS AND BE A POSITIVE PARTICIPANT.**
- 8. IT IS EXPECTED THAT STUDENTS DRESS IN APPROPRIATE ATTIRE.** Example: Tube tops and sports bras should not be worn as outer wear, and please, no bare midriffs.

Please understand that failure to adhere to these rules could result in immediate dismissal, along with a letter to the school advisor and/or principal.

I also understand that a group photo with my child in it may be taken during camp to be used in the future for publicity purposes. We would not use any names with the photos.

We understand and agree to the rules stated above.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

# “FRIENDS OF OASC” SCHOLARSHIP APPLICATION

Through donation of our supporters, we are able to offer a number of partial scholarships. Please note the following guidelines when applying for a scholarship:

1. Student must attend an OASC member school.
2. **Scholarship amount is \$200. Student and/or school must pay the \$165 balance.**
3. This is a financial needs-based scholarship.
4. Please mail this application with completed registration form.
5. **All scholarship applications are due into the OASC office by May 18.** A committee will screen and select recipients. Applicants will be notified shortly after.
6. Student and advisor (or principal or counselor) should provide a brief statement of need and desire to attend an OASC Summer Workshop. We also ask that he/she write a brief thank you note after attending, that we may forward to our donors.

Student Name \_\_\_\_\_

Student Email \_\_\_\_\_

Phone Number \_\_\_\_\_

School \_\_\_\_\_

Advisor (or other school official) Name & Position \_\_\_\_\_

Advisor Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Please attach the following to this application:

- ➡ Completed Registration and Participant Commitment form
- ➡ Advisor statement of need and worthiness of student (please be brief; limit 1 page)
- ➡ Student statement of need and desire to attend (limit 1 page)

MAIL TO:

OASC, 707 13th Street SE, Suite 100, Salem, OR 97301, by May 18.