

OBS REGISTRATION FORM

Parent/Guardian (first)	(last)
Address	City
Zip Code	Email
Home Phone	Cell Phone

Student #1 (first)	(last)
Class/Camp Name	Day/Time
Birth date/Age	Allergies/notes

Student #2 (first)	(last)
Class/Camp Name	Day/Time
Birth date/Age	Allergies/notes

Release of Liability	
<p>I on behalf of the student(s) and the student's parents and guardians hereby release Orange Blossom Society LLC, its Managers, and sub-contractors from all actions, claims, and demands for damages, loss or injury arising from any accidents which may be caused by, or arise out of the participation of the student(s) in any program on the property where the program is being held, whether or not caused by the negligence of or any of the aforesaid persons. I give permission for student to leave the OBS grounds with an adult to walk to parks and other recreational facilities.</p>	
Signature of Parent/Guardian	
Print Name	Date

Office Use – Staff Initials	
<input type="checkbox"/> Member	<input type="checkbox"/> Payment Amount & Date
<input type="checkbox"/> Payment Method	<input type="checkbox"/> Notes