



- ☐ Name (First & Last) _____

☐ Personal Email Address _____ (Please note that OASL may use this email to disseminate information about OASL programs and opportunities. You can opt out at any time.)

☐ Cell Phone Number _____ (Please note that OASL may send text updates about the State Conference when applicable)

☐ Grade Level (6-12) _____

☐ T-shirt Size (adult sizes): XS S M L XL 2XL 3XL

☐ With what gender do you identify?

☐ Female
☐ Male
☐ Nonbinary

☐ Answer provided below
☐ I prefer not to say

☐ Feel free to expand on your answer to the last question if the options given didn't capture your identity. _____

☐ How would you describe yourself

<input type="checkbox"/> Black/African-American <input type="checkbox"/> East Asian or South Asian <input type="checkbox"/> Hispanic/Latinx/Spanish <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American or Alaska Native	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Mixed (feel free to elaborate below) <input type="checkbox"/> Answer provided below <input type="checkbox"/> I prefer not to say
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☐ Feel free to expand on your answer to the last question if the options given didn't capture your race/ethnicity.

Student Emergency Information

- ☐ Emergency Contact's Name (First & Last) _____
- ☐ Emergency Contact Relationship _____
- ☐ Emergency Contract's Cell Phone Number _____
- ☐ Second Emergency Contact (First & Last) _____
- ☐ Second Emergency Contact Relationship _____
- ☐ Second Emergency Contact's Cell Phone Number _____

OASL Member or Non-Member

- ☐ Are you with an OASL member school? Yes No
* If your school is not a member school, please tell your advisor, teacher and principal about signing up! Either way we would still love to have you attend.
- ☐ Name of Your School _____
- ☐ Name of your advisor/teacher _____
- ☐ Email of your advisor/teacher _____

Student Health Information

- ☐ Allergies - Check all that apply
 - ☐ Food
 - ☐ Medicines
 - ☐ Both
 - ☐ Neither
- ☐ Specific Details - Please list specific food, medicine, or other allergies, or enter "none".
☐ _____
- ☐ What OTC medications are you allowed to take?
 - ☐ Advil
 - ☐ Tylenol
 - ☐ Pepto Bismol
 - Throat Lozenges/Cough Drops
 - ☐ List any other medications you are taking or enter "none"

- ☐ What is your health insurance policy company and number?
☐ _____

Dietary Needs

- ☐ Please list any dietary accommodations that need to be met or enter "none". (Ex: vegan, vegetarian, gluten free). _____

Transportation

- ☐ How will you be getting to the conference host school on Friday by 1pm?
- ☐ Car
 - ☐ School Provided Bus/Van
 - ☐ Other _____
- ☐ Will you be using the conference host school provided transportation from the school to the hotel on **Friday evening**?
- ☐ Yes, I will use the provided transportation
 - ☐ No, I will provide my own transportation
- ☐ Will you be using the Conference host school provided transportation from the school to the hotel on **Saturday Morning**?
- ☐ Yes, I will use the provided transportation
 - ☐ No, I will provide my own transportation

Overnight Accommodations

- ☐ Where will you be staying Friday night to Saturday morning?
- ☐ Hampton Inn Columbus South
 - ☐ Hilton Garden Inn Columbus/Grove City
 - ☐ My school will NOT be staying in a hotel and will commute to the conference via our OWN transportation each day
 - ☐ Other: Please explain _____

Registration Fees

- ☐ \$90 per student delegate and advisor (member school)
- ☐ \$115 per student delegate and advisor (non-member school)
- ☐ How will you be paying?
- ☐ My School is paying the full amount:
 - ☐ Provide PO#
 - ☐ I am paying \$45 and school is paying \$45
 - ☐ Provide PO#
 - ☐ I am paying \$90 via credit card when they register
 - ☐ OASL uses PayPal, you can use the PayPal "Pay in Four" option to break up your payments

Any questions, concerns, etc. please contact:

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