

# OUR SAVIOR BASKETBALL FAMILY

140 Mark Tree Road, Centereach, NY 11720 (631) 588-2757 [www.osnas.org](http://www.osnas.org)

## FEBRUARY BREAK BASKETBALL CAMP Monday – Friday, February 21 – 25, 2022

### REGISTRATION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade in school : \_\_\_\_\_ School: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Email address: (this is our primary way of communicating our events) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name and Number to call in case of an emergency: \_\_\_\_\_

How did you first hear about this camp? \_\_\_\_\_

Is this your first time attending Basketball Camp at Our Savior? \_\_\_\_\_ Do you currently receive our emails? \_\_\_\_\_

Please enroll me in the following camp sessions: (Circles days and sessions planning to attend)

**Basic Youth Camp** (9am – 12 noon; ages 5-12) M T W TH F (\$150 per week or \$40 per day)

**Advanced Training Camp** (12-3pm; ages 13 and up) M T W TH F (\$150 per week or \$40 per day)

**Stay All Day** (9:00am – 3 or 4:00pm) M T W TH F (For players who would like to participate in both sessions the cost is \$250 per week or \$70 per day (9:00 a.m. – 3:00 p.m.) If you would like both camps and an extra hour (to be picked up at 4:00 p.m.) the cost is \$300 for 5 days or \$80 per day.)

Amount paid: \$\_\_\_\_\_ Circle the method of payment:

Cash    Check (*payable to Our Savior Basketball Family*)    Venmo (@*kellyshane*)    Cashapp (*\$kels1043*)

**PARENTS PLEASE READ AND SIGN:** I authorize the basketball camp staff to act for any emergency requiring medical attention. I understand that I am responsible for all hospital, laboratory and doctor's fees. My child is physically fit to participate in physical activity. I understand and agree that neither Our Savior Lutheran Church, Our Savior New American School, nor anyone associated with the basketball camp will be held responsible or liable for accidents or illness.

I give permission that my child may be photographed by Our Savior staff during basketball camp events for the camp to possibly use my child's photograph in camp brochures and promotional material, which may include internet and social media ads, pictures and videos.

Signature of Parent or Guardian: \_\_\_\_\_

Health Insurance Company and Number: \_\_\_\_\_

*Please return completed registration form along with payment to the above printed address.*