

OUR SAVIOR BASKETBALL FAMILY

140 Mark Tree Road, Centereach, NY 11720 (631) 588-2757 www.osnas.org

COLUMBUS DAY CAMP Monday, October 11, 2021

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:

_____ Basic Youth Camp (9:00am – 12:00 noon)

_____ Advanced Training Camp (12:00 – 3:00pm)

(Please check both camps if taking the stay all day option of 9:00am – 3:00pm)

_____ Extra Hour Session (until 4:00pm)

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.