

OUR SAVIOR SUMMER BASKETBALL CAMPS 2018

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

REGISTRATION FORM

Name: _____ Age: _____ DOB: _____

Grade in school (Sept. 2018): _____ School: _____

Complete Mailing Address: _____

Email address: _____

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: (*Circle the initials of the days planning to attend each week.*)

	<u>ELITE PROGRAM</u>	<u>BASIC CAMP</u>	<u>ADVANCED CAMP</u>
June 25 – June 29 (M-F)	M T W TH F (7 - 9 am)	M T W TH F (9am-12 noon)	M T W TH F (12:30 – 3:30)
July 9-13 (M-F)	M T W TH F (7 - 9 am)	M T W TH F (9am-12 noon)	M T W TH F (12:30 – 3:30)
July 16-20 (M-F)	M T W TH F (7 - 9 am)	M T W TH F (9am-12 noon)	M T W TH F (12:30 – 3:30)
July 23-27 (M-F)	M T W TH F (7 - 9 am)	M T W TH F (12:30 – 3:30pm)	M T W TH F (3:30-6:30pm)
July 30-August 3 (M-F)	M T W TH F (7 -9 am)	M T W TH F (9am-12 noon)	M T W TH F (12:30-3:30pm)
August 6-10 (M-F)	M T W TH F (7 -9 am)	M T W TH F (9am-12 noon)	M T W TH F (12:30 – 3:30)
August 13 – 17 (M-F)	M T W TH F (7 -9 am)	M T W TH F (TBD)	M T W TH F (TBD)

FULL 7 WEEK PACKAGE: _____

(Cost is \$650 - please check either and/or Elite, Basic or Advanced Camps)

Cost for BASIC CAMP is \$175 per week or \$40 per day (\$125 per week and \$30 per day if paid before June 1.)

Cost for ADVANCED CAMP is \$175 per week or \$40 per day (\$125 per week and \$30 per day if paid before June 1.)

Cost for ELITE PROGRAM is \$100 per week or \$20 per day.

There is a \$10 discount for each additional full week session registration (minimum payment of \$95 per week.)

Enclosed is my check / cash for \$ _____ made payable to ***Our Savior Basketball Family***.

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.