



# Camp Registration Form

Camper Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

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

Grade in the Fall: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**1.) Program/Camp Name:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**2.) Program/Camp Name:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

**3.) Program/Camp Name:** \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

I am paying by check \_\_\_\_\_ I am paying by Credit Card \_\_\_\_\_

\_\_\_\_\_ Visa \_\_\_\_\_ MC Credit Card Number: \_\_\_\_\_ Exp \_\_\_\_\_

Billing Address Zip Code \_\_\_\_\_

Mail Registrations to:  
Omaha Sports Academy  
11726 Stonegate Cir  
Omaha, NE 68164

