

# UMA Registration:

**Aftercare**

**Camp**

**M.A. Student**

**Mobile**

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Family info:

Name \_\_\_\_\_

Relation \_\_\_\_\_

Address: \_\_\_\_\_ City, State &

Zip \_\_\_\_\_

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

Yes or No

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

\_\_\_\_\_

Facebook.com \_\_\_\_\_

Instagram \_\_\_\_\_

Student info:

Name \_\_\_\_\_

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

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

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Male or Female Uniform Size \_\_\_\_\_

Allergies:

\_\_\_\_\_

\_\_\_\_\_

Name on Credit Card or Check:

\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

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

Exp. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3 Digits on back \_\_\_\_\_

Emergency Contacts Info:

Name \_\_\_\_\_ Relation \_\_\_\_\_

\_\_\_\_\_

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

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

Name \_\_\_\_\_ Relation \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_