



OMAHA CHRISTIAN ACADEMY

Parental Consent Form OCA Basketball 22-23

Player Details:

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: Male Female Grade _____

I, the legal parent/guardian of the above named student, give my consent for my child to play basketball this 22-23 season for OCA.

Parent/Guardian Details:

First Name: _____ Last Name: _____

Signature: _____

Date: _____