

SUMMER SPORTS CAMP JUNE 19-23, 2017 5-8PM SPONSORED BY PENINSULA BIBLE CHURCH WILLOW GLEN

Registration/Permission Slip (one form per child)

Camper's Name: _____ Date: _____

Or Sign-up online: pbcwg.org

Male/Female (circle one)	Age at camp _____	Entering grade _____		
Sport (circle one)	Cheerleading entering 1st-6th	Basketball entering 2nd-6th	Soccer entering 1st-6th	Tennis entering 3rd-6th
T-Shirt Size: Youth S M L -or- Adult S M L XL				
Parent(s) Name(s): _____				
Mailing Address: _____				
Home Phone (____) _____				
E-mail Address _____				
List one friend's name that you want in your small group _____ (no guarantees but we will try!)				
How did you hear about camp? _____				
\$60 Requested Donation (camp is made possible through your generous donation)				
<input type="checkbox"/> Yes- I will donate \$60				
<input type="checkbox"/> No- I cannot donate at this time				
<input type="checkbox"/> Partial Donation- I can donate a partial amount towards camp expenses				
<input type="checkbox"/> Other				

I, the undersigned parent/guardian, do hereby grant permission for my child to attend camp. In order that my child may receive proper medical treatment in the event he/she may sustain injury or illness during the period of camp, I authorize the camp staff to obtain or provide medical treatment for my child for such injury or illness during the camp, and I hold the camp staff and sponsoring organization harmless in the exercise of this authority. I authorize the camp staff to obtain emergency medical treatment at a hospital or other treatment center. I understand that there is always a possibility that my child may sustain a physical injury by his/her participation, and further release the sponsoring organizations from any claims for personal injury or illness sustained during camp. I understand that my child will be responsible for his/her failure to abide by the rules and regulations of the camp. I understand that my child may be photographed during camp.

Parent Signature _____ Date _____

Insurance Company and ID # _____

Doctor Name _____ Phone Number _____

Date of Last Tetanus Shot _____

Please list any food allergies, medical situations, or other information you feel is important:

Emergency Contact Information:

Best Number to reach parent during camp: _____

Should the parent/guardian not be available, who may we contact as a secondary option in case of emergency?

Name _____ Relationship _____ Cell _____

Return this permission slip and your donation check by 6/09/2017 to:
Peninsula Bible Church Willow Glen 2147 Lincoln Avenue San Jose, CA 95125 ATTN: Trish Moxon
Camp is located at Willow Glen Elementary School 1425 Lincoln Avenue San Jose, CA 95125