

**Peninsula Bible Church**  
**Game Plan!**  
**Sports Camp Registration/Permission Slip**

Camper's Name \_\_\_\_\_ Male/Female  
Birthdate (mm/dd/yy) \_\_\_\_\_ Age at camp \_\_\_\_\_  
Sport (circle one) Cheerleading Basketball Soccer  
T-Shirt Size **Child** M L -or- **Adult** S M L  
Parent(s) name(s) \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Work/cell (\_\_\_\_) \_\_\_\_\_  
Mailing address \_\_\_\_\_  
E-mail address \_\_\_\_\_  
List one friend's name that you want in your small group (no guarantees but we will try!) \_\_\_\_\_

Ways I can help (circle) coach • snack • a dish for coaches dinner • first aid • photos • \$\$ donations

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 illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such 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.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_ Work/cell (\_\_\_\_) \_\_\_\_\_

Insurance Company and ID # \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Questions? Call Jan McClellan at 408.279.1818**  
**janmcclellan@sbcglobal.net**

**Return forms to:**  
Julie VanLoan, Peninsula Bible Church Cupertino  
10601 N. Blaney, Cupertino, CA 95014