



Basketball Camp
Grace Bible Fellowship of Silicon Valley
P.O. Box 2190, Sunnyvale, CA 94087
(650) 630-0009



Name: _____ Male Female

Entering Grade: _____ T-Shirt Size: _____

Age: _____ *(Medium: 10-12; Large: 14-16; Adult Small: 18)*

Medical /Allergies:

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

E-mail: _____ Phone: _____

Home Church: _____

Authorization to consent to treatment of a minor

In the event that I cannot be reached in an emergency while my child at the Basketball Camp sponsored by Grace Bible Fellowship of Silicon Valley, I hereby give my permission to the physician or dentist selected by the Camp supervisors to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also understand that photos may be taken of my child while at the Camp which may be used by Grace Bible Fellowship for future promotional purposes.

Signature of Parent or Guardian

Date

Emergency Contact

Emergency Contact Phone Number