



Team Pinnacles Sports Summer Camper Application

Student's Name/ Nombre de Estudiante

_____	_____	Birthdate _____
Last	First	
_____	_____	Birthdate _____
Last	First	
_____	_____	Birthdate _____
Last	First	

Contact Information / Información de Padres

Mother/Guardian's Name _____

Cell # (____) _____ Home phone (____) _____

Address _____

Employer _____ Hours from _____ to _____

Father Guardian's Name _____

Cell# (____) _____ Home phone (____) _____

Address _____

Employer _____ Hours from _____ to _____

Emergency Contact / Contacto de Emergencia

1) _____ Relationship: _____ (____) _____
Name

2) _____ Relationship: _____ (____) _____
Name

Student/Provider Contract - Contacto Estudiantil

I, _____, a camper of Team Pinnacle Sports Summer Program promise to participate in working out to try my best, behave myself, and show good sportsmanship towards my teammates as well as the staff here at Team Pinnacle Sports Summer Program

Student signature _____ Date _____

Student/Provider Contract - Contacto Estudiantil

I, _____, a camper of Team Pinnacle Sports Summer Program promise to participate in working out to try my best, behave myself, and show good sportsmanship towards my teammates as well as the staff here at Team Pinnacle Sports Summer Program

Student signature _____ Date _____

Student/Provider Contract - Contacto Estudiantil

I, _____, a camper of Team Pinnacle Sports Summer Program promise to participate in working out to try my best, behave myself, and show good sportsmanship towards my teammates as well as the staff here at Team Pinnacle Sports Summer Program

Student signature _____ Date _____

Consent for Picture taking form - Permiso de Retratar

I, _____, hereby give permission to the staff of Team Pinnacle Sports Summer Program to take pictures of my child(ren), _____, _____, _____ to be displayed on TPSSP (Team Pinnacle Sports Summer Program) website and media account, or by other media sources, and to retain for historic purposes. I am aware I can revoke my consent by sending a letter in writing to the site director TPSSP (Team Pinnacle Sports Summer Program)

Signature of Parent or Guardian Date _____

Refuse Consent for Picture taking form

I, _____, Do Not Give Permission to the staff of Team Pinnacle Sports Summer Program to take pictures of my child (ren) _____, _____, _____.

Signature of Parent or Guardian Date _____

MEDICAL RECORD - Información Medico

Name of Child _____ Date of Birth _____

Name of Child _____ Date of Birth _____

Name of Child _____ Date of Birth _____

Mother/Guardian's Name _____

Address _____

Cell / Home Phone number(____)_____ Work Phone Number (____)_____

Father/Guardian's Name _____

Address _____

Cell / Home Phone number (____)_____ Work Phone Number (____)_____

Physician's Name _____

Address _____

Phone number (____)_____

Insurance Information - Aseguranza

Child's Name: _____

Child's Medical Record Number _____

Chronic Illnesses/Allergies/ Current Medications _____

Special information: _____

Insurance Information - Aseguranza

Child's Name: _____

Child's Medical Record Number _____

Chronic Illnesses/Allergies/ Current Medications _____

Special information: _____

Insurance Information - Aseguranza

Child's Name: _____

Child's Medical Record Number _____

Chronic Illnesses/Allergies/ Current Medications _____

Special information: _____

EMERGENCY MEDICAL CONSENT FORM - Permiso de Proveer Atención Médica

Team Pinnacle Sports Summer Program has my permission to obtain emergency medical treatment for my child when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

My insurance provider is _____

My child's name: _____

My child's medical record number is _____

Preferred hospital/treatment center _____

My child has the following medications _____ , _____ , _____

My child has the following allergies _____ , _____ , _____

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in the Summer program

Signature of Parent or Guardian

Date

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