



# TVHS BEARS FOOTBALL 2022 TEAM CAMP

## REGISTRATION FORM

\_\_\_\_\_  
PLAYER NAME

\_\_\_\_\_  
CURRENT

\_\_\_\_\_  
GRADE FOR

\_\_\_\_\_  
PLAYER AGE

\_\_\_\_\_  
2022-2023

\_\_\_\_\_  
SCHOOL YEAR

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
EMAIL (FOR COMMUNICATION PURPOSES ONLY)

\_\_\_\_\_  
INSURANCE COMPANY

\_\_\_\_\_  
INSURANCE POLICY NUMBER

\_\_\_\_\_  
PARENT / GUARDIAN NAME

\_\_\_\_\_  
PARENT / GUARDIAN PHONE NUMBER

\_\_\_\_\_  
EMERGENCY CONTACT ( IF DIFFERENT FROM ABOVE)

\_\_\_\_\_  
EMERGENCY PHONE NUMBER

I understand that my child/ward will be participating in strenuous physical activity, and I am entirely responsible for ensuring that my child/ward is physically and mentally able to participate, and my child/ward has no known medical conditions that would restrict participation. I understand that I, or my designated emergency contact noted above, will be contacted in the event my child/ward is deemed to need medical attention. If I, or my emergency contact, cannot be reached in an emergency, I hereby give permission to the attending Temecula Valley High School coaches or representatives to secure proper treatment for my child/ward and I hereby waive and release the Temecula Valley Unified School District and Temecula Valley High School coaches, staff, volunteers, facility operators, and employees from any and/or all liability for any injuries or illnesses incurred while at camp or in transportation to a medical facility, except for injury directly resulting from gross negligence or willful misconduct.

X

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE SIGNED

