CONTACT INFORMATION

Camper's Name:				
Parent/Guardian Names:				
Home Phone:	Work Phone:		Cell:	
Emergency Contacts (other	than parent/guardia	n)		
Name:	Relationship to Camper:			
Home Phone:	Work Phone:		Cell:	
Name:	Relationship to Camper:			
Home Phone:	Work Phone:		Cell:	
	Individuals allowed nust show identifica Na	tion (pho	oto ID) before can	i <mark>per is rele</mark> ased.
				701
	HEALTH INSUR Private insurance in	ANCE	INFORMATION	ON
Camper's Name			SS Number	
Camper's Address				
Street Camper's Phone Number		City	StateDate of Birth	Zip
Insurance Company Name			_Effective Date	
Address of Insurance Company_				
Phone Number of Insurance Cor	npany			
Group #				
Policy Holder's Name			Policy #	
Policy Holder's Address				
Street Relationship to Camper		City	State	Zip

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD (FRONT AND BACK)

MEDICAL INFORMATION FORM

Camper's Doctor:	Phone:
Camper's Dentist:	Phone:
List any pertinent health or medical information in	cluding all allergies.
List all medication currently taking including over-	the-counter, non-prescription and prescription.
	The state of the s
[camper name] ("	our child, and any heirs or assigns, hereby certifies that Camper") has been cleared by a medical physician within the last year
attention as a result of participation in said camp, v	ally participate in athletic related activities. If, Camper requires medical we hereby give consent to authorize medical personnel present to authorized personnel and/or to seek additional emergency medical
the camp medical/coaching staff. We also understa	athletic participation, and we agree to disclose any injuries/illnesses to and that camper will be removed from play to eliminate the risk of any until evaluated and cleared by a member of the camps athletic training aging athletic related injuries/illnesses.
Printed Name of the Camper:	
Signature of Camper:	
If the Camper is a minor under the age of eighteen is required:	(18), signature of Parent or Guardian or Individual Acting as Guardian
Signature of Parent or Guardian or Individual Actin	ng as Guardian:
Camp Name:	
Camp Date:	