

INSURANCE FORM

MUST BE FILLED OUT AND RETURNED WITH FINAL PAYMENT OR TURNED IN UPON ARRIVAL AT CAMP

Please give us whatever information you feel necessary in case your child has an emergency at camp. In 29 years, we have been to the emergency room four times, so it is unlikely we will need this information, but it is possible. Thank you for your help!

- 1) Camper's Name: _____ SSN# _____
Camper's Home Ph.#: _____ Camper's Cell Ph.#: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Insurance Co.: _____ ID#: _____
Insurance Co. Address: _____
City: _____ State: _____ Zip: _____
Camper is covered by this policy? Yes: _____ No: _____

- 2) Father's Name: _____
Father's Home Ph.#: _____ Father's Cell Ph.#: _____
Home Address: _____
City: _____ State: _____ Zip: _____
HMO: _____ PPO: _____ Private: _____
Insurance Co.: _____ ID#: _____
Insurance Co. Address: _____
City: _____ State: _____ Zip: _____
Camper is covered by this policy? Yes: _____ No: _____

- 3) Mother's Name: _____
Mother's Home Ph.#: _____ Mother's Cell Ph.#: _____
Home Address: _____
City: _____ State: _____ Zip: _____
HMO: _____ PPO: _____ Private: _____
Insurance Co.: _____ ID#: _____
Insurance Co. Address: _____
City: _____ State: _____ Zip: _____
Camper is covered by this policy? Yes: _____ No: _____

- 4) I hereby certify that the foregoing answers I have designated to the stated questions are true, complete, and correct to the best of my knowledge:
Signature of Camper if 18 yrs. old: _____ Date: _____
Responsible Party: Father _____ Mother _____ Guardian _____
Signature of responsible party: _____ Date: _____