

# East Coast Invitational Team Camp



## MEDICAL INFORMATION

### INSURANCE FORM

Name of Player: \_\_\_\_\_

All campers must have their own medical coverage. Campers will not be allowed to participate unless the following information is submitted. This form must be signed by the parent or guardian of the camper.

Camper's Insurance Co: \_\_\_\_\_

Policy No: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Preauthorization required by company: \_\_\_ Yes \_\_\_ No

### MEDICAL TREATMENT AUTHORIZATION

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge East Coast Invitational Team Camp and its staff, employees, and representatives of and from all rights and claims for damages, injuries, or loss of person or property which may be sustained or occur during participation in camp activities or while at camp.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FAMILY PHYSICIAN

Name: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

In case of medical emergency, I hereby give permission to hospitalize, to secure proper treatment for, and to order injection of minor surgery for my child as named above.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT'S DAYTIME TELEPHONE NUMBERS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_