

## INSURANCE INFORMATION

Name \_\_\_\_\_ Camp \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Guardian or Insured Persons Name \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Social Security Number (Insured Person) \_\_\_\_\_

Employers Name (Insured Person) \_\_\_\_\_

Address of Employer \_\_\_\_\_  
STREET CITY STATE ZIP

Name of Primary Insurance Company \_\_\_\_\_

Address of Primary Insurance Company \_\_\_\_\_  
STREET CITY STATE ZIP

Insurance Policy Number (Primary) \_\_\_\_\_

Name of Secondary Insurance Company \_\_\_\_\_

Address of Secondary Insurance Company \_\_\_\_\_  
STREET CITY STATE ZIP

Insurance Policy Number (Secondary) \_\_\_\_\_

“Steve Coburn Football Camps” does not carry insurance for injuries, illnesses, etc... sustained during football camp. Campers participate at their own risk.

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I hereby authorize my son/daughter to participate in the “Steve Coburn Football Camps” under the above insurance conditions.

\_\_\_\_\_  
Parent/Guardian Name – Insured Person (Please Print)

\_\_\_\_\_  
Parent/Guardian Name – Insured Person (Please Print)

\_\_\_\_\_  
Date

**\*\*\* YOU MUST MAKE A COPY OF INSURANCE CARDS AND ATTACH TO THIS FORM FOR IT TO BE ACCEPTED AT CHECK-IN \*\*\***