



Insurance Information

Name of Health Insurance Company you are covered by:

Type of Coverage: _____

Insurance Company Phone: (_____) _____ - _____

Policy #: _____

PLEASE NOTE: In the event that a participant is not covered by insurance, the parent or guardian will be held responsible for any emergency medical expenses incurred. Their signature on this application form verifies their understanding of this liability.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian