

Acknowledgement of Financial Responsibility

Insurance Information

Is your child covered by health insurance? Yes No

If no, please fill out the section for non-insured campers below.

Insurance Policy Holders ONLY!

Insurance Carrier: _____ Policy No. _____

Name & Phone Number of Participant's Personal Physician

Name: _____ Phone Number: _____

Parent/Guardian Authorization (if camper is a minor):

I fully acknowledge that there are some inherent risks associated with camp activities that may result in bodily injury. I also acknowledge that my primary insurance will be utilized to cover any costs that exceed the Camper's Accident insurance policy as outlined in the Parent Pack booklet.

I also acknowledge that in the event of illness that is not related to camp activity, I assume all financial responsibility for any treatment given to my child. I certify that this information is true to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

Address _____

Street or PO Box _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

E-Mail Address _____

Non-Insured Camper

I fully acknowledge that there are some inherent risks associated with camp activities that may result in bodily injury. I also acknowledge that I do not possess health insurance and assume all financial responsibility that exceeds the Camper's Accident insurance provided by the camp.

I also acknowledge that in the event of illness that is not related to camp activity, I assume all financial responsibility for any treatment given to my child.

Signature of Parent/Guardian _____ Date _____

Address _____

Street or PO Box _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

E-Mail Address _____