



## PITTSBURGH ELITE OFFICIATING CAMPS

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### CAMP PARTICIPANT INSURANCE FORM

#### CAMPER INFORMATION

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### INSURANCE INFORMATION

NAME OF INSURED: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

INSURANCE CO.: \_\_\_\_\_ INSURANCE CO. ADDRESS: \_\_\_\_\_

INSURANCE CO. PHONE: \_\_\_\_\_ POLICY/GROUP #: \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION (\*only needed if camp participant is under 18 years of age while attending camp)

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

#### ALTERNATIVE CONTACT IN CASE OF EMERGENCY / MEDICAL HISTORY

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Please list any medical conditions, medication information, and other useful information here on the camp participant:

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#### RELEASE & SIGNATURE

In case of emergency, I hereby give The Pittsburgh Elite Officiating Camps, LLC permission to authorize medical treatment to myself/son/daughter listed above. I hereby acknowledge that I am responsible for any and all medical expenses incurred by myself/son/daughter during his/her time at The Pittsburgh Elite Officiating Camps, LLC.

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Camp Participant Signature: \_\_\_\_\_ Camp Participant Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_