

INSURANCE INFORMATION SHEET
CAMPERS MUST HAVE ON FILE BEFORE CAMP BEGINS TO PARTICIPATE
THERE WILL BE NO EXCEPTIONS!

CAMPER'S NAME: _____

We strongly urge that your child have a physical prior to attending the Phoenix Mercury Basketball Camp.

_____ The above named camper was examined by a physician within one (1) year of the starting date of camp and was found to be in good health and able to participate in camp activities without restriction. (We do **NOT** need a copy of child(s) physical or insurance card.)

The above named camper has the following health problems (e.g., Drug allergies, diabetes, or any other problems that need to be known to the staff):

Said camper must be covered by medical insurance to participate in ANY camp activities. Please be advised that should the camper require medical attention, any costs not covered by insurance are the parent/guardian's responsibility, and are RESPONSIBLE to pay for the remaining portion of the bill.

REGRETFULLY, NO ONE MAY ATTEND OUR CAMPS WITHOUT A COMPLETED INSURANCE INFORMATION SHEET AND THE DISCLAIMER OF LIABILITY AND CONSENT FORM.

PRIVATE INSURANCE INFORMATION

Camper Name: _____

Camper SSN: _____ Birth date: _____

Policyholder's Name: _____

Relationship: _____

Emergency Telephone Numbers: _() _____

(Minimum of Two) _() _____

Name of Insurance Co.: _____ Group Number: _____

Phone Number of Insurance Co.: _____ Service Code: _____

Subscriber #: _____

**A PHOTOCOPY OF THIS FORM SHALL BE CONSIDERED AS EFFECTIVE
AND AS VALID AS THE ORIGINAL
PLEASE SEND FORM BACK AS SOON AS POSSIBLE TO:**

**Phoenix Mercury Basketball Camps
201 E. Jefferson
Phoenix, AZ 85004**

**FOR YOUR CONVENIENCE, INSURANCE FORMS MAY BE FAXED TO (602) 379-7540 OR SCANNED
AND EMAILED TO CAMPS@SUNS.COM.**

CELL PHONE PICTURES ARE NOT A VALID COPY.