

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

CAMPER'S NAME: _____ CIRCLE: Phx **AND/OR** Prescott

We strongly urge that your child have a physical prior to attending the Phoenix Suns 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. If camper does not have private medical insurance or INSURANCE INFORMATION the camper must purchase the Camp Insurance Policy at a price of \$75.00 per camper. Please be advised that should the camper require medical attention, any costs not covered by insurance (private or the camp's) are the parent/guardian's responsibility, and are RESPONSIBLE to pay for the remaining portion of the bill.

Also, Phoenix Suns Basketball Camp must have private insurance information even if you purchase the camp policy. Our camp insurance policy is a secondary policy that will pay any balance, to the stated limits, AFTER BILLING TO YOUR PRIVATE INSURANCE. If you do not have insurance or your insurance rejects payment, we must have proof of this to process the claim. Therefore, for any camp insurance claim to be processed we must receive: 1) Proof of rejection of the claim from your private insurance carrier or evidence of partial payment by your insurance, and 2) Copies of all related bills. The camp's company can determine, via computer, whether a camper has private insurance, but has not provided that information.

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

_____ Enclosed is the \$75.00 for Camp Insurance Policy.

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 Suns Basketball Camps
Post Office Box 1369
Phoenix, AZ 85004**

FOR YOUR CONVENIENCE, INSURANCE FORMS MAY BE FAXED TO (602) 379-7922