

**PERFORMANCE EDGE SWIM CAMP
2013**

HEALTH INSURANCE INFORMATION SHEET

(EVERY PARTICIPANT MUST HAVE THIS FORM ON FILE)

Private insurance information must be provided, if applicable. Please be advised that, should a participant require medical attention, you are responsible for paying any costs not covered by insurance.

Participant's Name: _____

Participant's Address: _____

Participant's Phone Number: _____

Date of Birth: _____

Insurance Company: _____ Effective Date: _____

Address of Insurance Company: _____

Phone Number of Insurance Company: _____ Group #: _____

Policyholder's Name: _____ Policy #: _____

Policyholder's Address: _____

Relationship to Participant: _____

Contract #: _____ Employee #: _____

I hereby authorize the release of any medical information that might be needed in connection with payment for medical services.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I request that payment under my medical insurance program be made directly to the provider on any bills for services rendered by that provider. I understand that I am financially responsible for all costs not paid by my medical insurance program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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EMERGENCY INFORMATION AND CONTACTS
(EVERY PARTICIPANT MUST HAVE THIS FORM ON FILE)

Please complete this form in its entirety. This information will be helpful in the unlikely event of an accident or sudden illness.

Name of Personal Physician: _____ Phone: _____

Physician's Address: _____

Person(s) to be contacted in case of Emergency:

1) Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

2) Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____