

# W.M.U. Camp Medical Insurance Form

This form must be completed AND all copies returned prior to camp participation.

Camper's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

Emergency phone besides Parents  
Name \_\_\_\_\_

\* \* \* \* \*

Father/Guardian \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City State Zip

SS# \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_

Policy Numbers \_\_\_\_\_

Phone # \_\_\_\_\_

SS# \_\_\_\_\_ Birth Date \_\_\_\_\_  
Mo. Day Yr.

Home phone (\_\_\_\_) \_\_\_\_\_

Sport \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

\* \* \* \* \*

Mother/Guardian \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City State Zip

SS# \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_

Policy Numbers \_\_\_\_\_

Phone # \_\_\_\_\_

All bills must be submitted to family insurance first! An explanation of benefits must accompany unpaid balance upon submittal to W.M.U. Camp Insurance carrier.

## CAMP PARTICIPATION WILL BE PROHIBITED WITHOUT THIS FORM

### PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY

In consideration of the Western Michigan University Summer Sports Camp, acceptance of \_\_\_\_\_ as a student in the Western Michigan University Summer Sports Camp, the undersigned student and parent or guardian agree that Western Michigan University and/or the Western Michigan Summer Sports Camp and/or their trustees, agents, or employees will not be held responsible for any accident, injury or loss, however caused and agree to release all parties from all claims or damages which may arise as a result of or by reason of such accident, injury, loss or medical expenses.

The Western Michigan University Summer Sports Camp reserves the right to terminate the stay of any student without refund and without formal hearing, when it is deemed to be in the best interest of either the student or the Summer Sports School as determined by the University and program staff and employees. The University and Sports Camp staff expressly reserve the exclusive right to establish and determine the standards of conduct, behavior, and performance of participants engaging in the program and to acquire compliance with such standards as a condition to continued participation in the program.

The undersigned hereby further consent to Western Michigan University's and Summer Sports Camp staff obtaining whatever medical treatment and/or care is deemed necessary by such staff for the health and well-being of the student participating during the term of his/her program participation, including the consent to obtain and have administered any emergency medical or surgical treatment recommended by any physician licensed to practice medicine in the State of Michigan.

I hereby authorize medical attention to be administered to my son/daughter, \_\_\_\_\_ who is participating in the W.M.U. Summer Sports Camp.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_