

**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: \_\_\_\_\_ 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  
201 E. Jefferson  
Phoenix, AZ 85004**

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