



**TULANE UNIVERSITY ATHLETICS CAMPS
Insurance Form**

Camp Name: _____ Camp Dates: _____ to _____

Participant's Name: _____

Insurance Information (Please also provide a copy of the insurance card)

Insurance Company: _____ Effective Date: _____

Address of Insurance Company: _____ Phone Number: _____

Policyholder's Name: _____

Relationship to Participant: _____

Policy #: _____ Group #: _____

I am the legal parent/guardian of the above named participant. I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION REQUESTED ABOVE IS COMPLETE AND CORRECT.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Name: _____