

# Cowboy Athletic Training Camp

Each camper must provide his/her own medical insurance. A photo copy of your health insurance card must be included with registration.

**Insurance Information (Please print clearly)**

Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

\_\_\_\_\_

Policy number \_\_\_\_\_

Group number \_\_\_\_\_

Policy Holder \_\_\_\_\_