

**Menchaca Running Camp (M.R.C.)  
INSURANCE FORM**

THIS COMPLETED FORM IS REQUIRED FOR PARTICIPATION IN THE CAMP.  
Please complete and return with final payment. Please give us whatever information you feel necessary in case your runner has an emergency at Camp. Thank you for your help!

1) Runner's Name Print: \_\_\_\_\_  
Runner's Home Ph.#: \_\_\_\_\_ Runner's Cell Ph.#: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_ ID#: \_\_\_\_\_  
Insurance Co. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Runner is covered by this policy? Yes: \_\_\_\_\_ No: \_\_\_\_\_

2) Father's/Guardian Name Print: \_\_\_\_\_  
Father's/Guardian Home Ph.#: \_\_\_\_\_  
Father's/Guardian Cell Ph.#: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
HMO: \_\_\_ PPO: \_\_\_ Private: \_\_\_ ID#: \_\_\_\_\_  
Insurance Co. Name: \_\_\_\_\_  
Insurance Co. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Runner is covered by this policy? Yes: \_\_\_\_\_ No: \_\_\_\_\_

3) Mother's Name Print: \_\_\_\_\_  
Mother's Home Ph.#: \_\_\_\_\_  
Mother's Cell Ph.#: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
HMO: \_\_\_ PPO: \_\_\_ Private: \_\_\_ ID#: \_\_\_\_\_  
Insurance Co. Name: \_\_\_\_\_  
Insurance Co. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Runner is covered by this policy? Yes: \_\_\_\_\_ No: \_\_\_\_\_

I hereby certify that the answers are true, complete, and correct to the best of my knowledge.

Signature of Runner: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party: Father \_\_\_ Mother \_\_\_ Guardian \_\_\_

Signature of responsible party: \_\_\_\_\_ Date: \_\_\_\_\_