

SPORTS CAMPS SUPPLEMENTAL APPLICATION

(Include Acord Application)

Mailing Address: Name of camp: Day camp opens: Years in business:					
		_ Day camp closes: _ Under present ownership:			
Applicant is:	□ Individual	□ Corporation □	\Box Joint Venture \Box Ot	her (Specify	y):
Is the camp acc Camp is: Camp is a: Camp is:	□ Coed □ Day Camp	 Boys Resident Camp 	ssociations? Girls Girls Ac Travel Cam Agency	lults 1p	
Estimated num	r day: Ho	ow many days per week	:?	How many weeks per year? Total number of Volunteers:	
Are criminal b	ackground checks	conducted on all emp	loyees and volunteers?	□ Yes	□ No
What is the rat	io of counselors to	campers:			
Does the appli	cant have accident	and health coverage of	on the campers?		□ No
Any hold harm	lless agreements?	🗆 Yes 🗆 No 🛛 I	If yes, with whom and	what is the	nature of the agreement?
If minors partie	cipate, are parents	required to sign waive	ers?	□ Yes	□ No
					als?
List the location	ons of the facilities	where the camps are	being held:		
List all activitie	es the campers wil	l be involved in:			
Are there any a What is the mo		on and what arrangem	☐ Yes ☐ No ents are made to transp		ants?
containing fals	no knowingly and e information, or c	with intent to defraud conceals for the purpo	any insurance compan se of misleading, infor	y or other p mation cond	person files an application for insurance cerning any fact material thereto, commits a ties to complete the insurance transaction.