

Request for Waiver of Supplemental Medical Insurance Coverage

UTM SUMMER TEAM CAMP

UT Martin Women's Basketball Team Camp

Date: (circle) May 29 – June 1 June 6 – 8 June 20 – 22 June 23

In the interest of the health and safety of participants in UTM summer camp programs, medical insurance coverage is essential to the timely and complete administration of medical attention for those who might become ill or injured during camp. To this end, UTM maintains the right to acquire supplemental camper insurance through the UT System passing the cost along to the camp.

These fees may be waived if the participating team affirms that participation is a sanctioned school activity and students are covered by school medical insurance.

School Name: _____

Team Sport: _____

Head Coach: _____

Request is made to waive supplemental medical insurance coverage for our team member participants. Our signature below affirms that our participation in this camp is a sanctioned activity of our school and that we have adequate medical insurance coverage in place to address any illness or injury a team participant might encounter and further affirm that we will have appropriate medical insurance documentation in hand to assure immediate and thorough medical service administration when it is needed.

Signature of Head Coach

Signature of School Administrator

Printed Name of above Administrator

Title

Please submit this form with the camp registration form by the first day of your participation in camp.