

# AL CORBEIL SPORTS CAMPS

At Polk State College

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## HEALTH FORM

**This form must be completed and signed by a physician.**

\_\_\_\_\_ is physically fit and able to attend and compete in the Al Corbeil Baseball Camp.  
(CAMPER'S NAME)

Please list any pre-existing medical conditions of which camp medical staff should be aware (including allergies and any medications)

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Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

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## INSURANCE FORM

Insurance Provider: \_\_\_\_\_

Member Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD**