

Street 2 Street

MEDICAL INSURANCE CONFIRMATION

Please Check the Appropriate Box:

- Yes, I am personally covered by the following medical insurance plan:

Medical No./Insurance Company and Policy Number: _____

This policy will be in effect while I participate in the Athletes in Action/Campus Crusade for Christ Event to be held in: (location) Bushwick on June 26th 2010

- No, I am not personally covered by any medical insurance plan. I understand that I may not be allowed to participate in the tournament with Athletes in Action/Campus Crusade for Christ, Inc. without medical insurance.

Signature _____ Date _____

If minor:

Signature of Parent or Guardian _____ Date _____