



Britton's Bullpen Travel Baseball Organization Player Insurance

Please complete the form below and submit to a Britton's Bullpen staff before participating in team workouts. Incomplete forms will not be accepted. No athlete will be allowed to participate for any reason without proof of insurance.

Player Name: _____ **Date of Birth:** ____ / ____ / ____ **Age:** _____

Address: _____ **City/State/Zip:** _____

Parent/Guardian: _____ **Parent/Guardian:** _____

Phone (Home/Cell): _____ **Phone (Home/Cell):** _____

Employer: _____ **Employer:** _____

Emergency Contact: _____ **Phone:** _____

----- **Health Insurance Plan Information** -----

I, the player, am insured under (check only one box and provide company information)

- Parent or Guardian's employer group health insurance plan
- Individual health insurance plan
- State Medicaid health insurance program

Insurance Name: _____ Plan Deductible \$ _____

Name of Policy Owner: _____ Policy Number: _____

Primary Care Physician: _____ Phone: _____

I have verified with my insurance company that my plan provides (policy owner's initials only):

_____ (initials) Full coverage in the state of Illinois

_____ (initials) Full coverage out of state and/or out of area for injuries at away games or practices

_____ (initials) Full, comprehensive health insurance coverage for amateur sports-related injury or illness

Important: If you initial, but did not actually verify that your insurance company will respond as stated above, you are financially responsible for paying all uninsured medical expenses resulting from the athlete's injury or illness.

_____ (parent/guardian initials) I have made Britton's Bullpen Inc aware of any medical illness or condition that will interfere with my child's health and safety while participating in amateur athletics. I understand and acknowledge that a medical emergency may develop which necessitates the administration of medical care, dental care, hospitalization or surgery for my child.

Signature of Athlete: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____