



**SPORTS CAMPS SUPPLEMENTAL APPLICATION**  
(Include Acord Application)

Applicant's Name: \_\_\_\_\_ Location Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Name of camp: \_\_\_\_\_  
Day camp opens: \_\_\_\_\_ Day camp closes: \_\_\_\_\_  
Years in business: \_\_\_\_\_ Under present ownership: \_\_\_\_\_  
Applicant is:  Individual  Corporation  Joint Venture  Other (Specify): \_\_\_\_\_

Is the camp accredited by A.C.A. or any other camp associations?  Yes  No  
Camp is:  Coed  Boys  Girls  Adults  
Camp is a:  Day Camp  Resident Camp  Travel Camp  
Camp is:  Private  Nonprofit  Agency  Religious

Estimated number of campers per day: \_\_\_\_\_ How many days per week? \_\_\_\_\_ How many weeks per year? \_\_\_\_\_  
Age range of campers: \_\_\_\_\_ Total number of employees: \_\_\_\_\_ Total number of Volunteers: \_\_\_\_\_

Are criminal background checks conducted on all employees and volunteers?  Yes  No

What is the ratio of counselors to campers: \_\_\_\_\_

Does the applicant have accident and health coverage on the campers?  Yes  No  
If yes, who is the carrier and what are the limits of liability: \_\_\_\_\_  
\_\_\_\_\_

Any hold harmless agreements?  Yes  No If yes, with whom and what is the nature of the agreement? \_\_\_\_\_  
\_\_\_\_\_

If minors participate, are parents required to sign waivers?  Yes  No

Does the camp specialize in camping experiences for developmentally disabled individuals?  Yes  No  
If yes, please provide a narrative of such program (if necessary, use a separate sheet of paper): \_\_\_\_\_  
\_\_\_\_\_

List the locations of the facilities where the camps are being held: \_\_\_\_\_  
\_\_\_\_\_

List all activities the campers will be involved in: \_\_\_\_\_  
\_\_\_\_\_

Are there any activities away from camp?  Yes  No  
What is the mode of transportation and what arrangements are made to transport participants? \_\_\_\_\_  
\_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application does not bind any of the parties to complete the insurance transaction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date