

NJ TWINS, LLC  
ACADEMIC SHOWCASE  
**MEDICAL INSURANCE INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

I hereby authorize the NEW JERSEY TWINS, LLC-ACADEMIC SHOWCASE STAFF to provide necessary medical supervision and treatment for my child and agree to be responsible for the cost of treatment.

\_\_\_\_\_ signature

NEGATIVE COVENANT HOLD HARMLESS AGREEMENT FOR CAMP: FOR VALUABLE CONSIDERATION, including acceptance of my child as camper by NEW JERSEY TWINS, LLC for myself and my child covenant and agree that neither my child nor I nor our respective heirs and legal representatives will ever institute any action or suit or institute, prosecute or in any way aid in the institution or prosecution of any claim, demand or cause of action for damages or compensation against New Jersey Twins, LLC or their respective officers, directors, employees and agents, by the reason or damage, loss or injury to person or property arising out of my child's attendance of the camp. My child and I, our respective heirs and legal representatives, jointly and severally, will indemnify and save harmless those entities and person from all liability, cost and expense whatsoever in connection with any such claims.

**SIGNATURE OF PARENT/GUARDIAN AND DATE**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO:**

(Upon completing and submitting this form by email, you hereby present this as your electronic signature)

NEW JERSEY TWINS

P.O.BOX 516

Pittstown, N.J. 08867

*Upon completing and submitting this form by email, you hereby present this as your electronic signature.*