



Athletics Camps Insurance Approval Form

Coach): _____

Camp Name: _____

Camp Site Address: _____

Start Date: _____ End Date: _____

Description of Activities: _____

Expected number of campers: _____

Ages of campers: _____

Please send this completed form to Risk Management along with a certificate of insurance.

Phone: 305-284-3163 Fax: 305-284-3405

Email: MGresham@Miami.edu or RiskManagement@Miami.edu

FOR RISK MANAGEMENT PURPOSES ONLY – (Do not write in the space below)

Insurance	Yes/ No	Coverage Limits
General Liability		
Molestation Coverage		
Additional Insured		
Approved / Denied		

RM Comments: _____