

TORREY PINES HIGH SCHOOL FOUNDATION

CAMP, CLINIC AND TOURNAMENT INSURANCE REQUEST

To ensure that you, your students, and volunteers are adequately insured for participation in the camps, clinics and tournaments that you have planned for the upcoming year, please fill out the form below and return it to the Foundation.

Camp, clinics and tournaments may not be conducted without proper liability and medical insurance.

If you are planning more than one camp, clinic or tournament, photocopy this form and complete one form for each activity.

If you plan to use Torrey Pines High School or other SDUHSD facilities/fields you should be aware of the newly established SDUHSD facility usage fee schedule.

If you have any questions regarding your groups activity and your sports season of play, please contact the, Athletic Director for clarification 755-0125 x 2226.

All camps, clinics and tournaments should have the prior approval of the Athletic Director.

Please complete in full and type or print clearly in pen. Thank you.

NAME OF CAMP/CLINIC/TOURNAMENT _____

START DATE (S) _____ END DATE (S) _____

NUMBER OF DAYS _____ TIME (S) _____

LOCATION (S) 1. _____

2. _____

3. _____

PARTICIPANT AGES _____ EXPECTED NUMBER OF PARTICPANTS _____

NUMBER OF COACHES _____ NUMBER OF VOLUNTEERS _____

ANTICIPATED NUMBER OF SPECTATORS _____

CONTACT _____ PHONE _____

E-MAIL _____ FAX _____

**RETURN COMPLETED FORM TO FOUNDATION OFFICE (in the Admin Building) OR
MAIL TO 3710 DEL MAR HEIGHTS RD, SAN DIEGO, CA 92130**