TRAVEL MEDICAL APPLICATION

RSC Members – Email this request to: wayneburrett@rogers.com

1.				
	NAMES OF INSURED(S):			
	RSC Club / Team / League Name:			
	First	Last	Date of Birth (MM/DD/YY)	RSC Number
	FOR LARGER GROUPS, PLEASE ATTACH ROSTER.			

2.	**APPLICATION DATE/TIME (YY/MM/DD)**	**EFFECTIVE OR DEPARTURE DATE (YY/MM/DD)**	**EXPIRY OR RETURN DATE (YY/MM/DD)**	
	BENEFICIARY (If applicable. Estate unless otherwise indicated.)		Relationship to insured:	
	City of Departure:		Type of Facility:	
	City & Country of Destination:		Complete Name of Facility:	
	Complete Address of Facility:			
	Title of Event:			

3.	**DECLARATION : INSURED MUST READ AND SIGN BELOW**
	APPLIES TO ALL COVERAGE IN THIS POLICY In conjunction with the purchase of this policy, I hereby authorize release to GameDay Insurance Inc. or its representative any information, including medical records that is needed to process a claim filed under this policy. I am in good health and know of no reason to seek medical attention. _____ _____ INSURED'S SIGNATURE DATE SIGNED (YY/MM/DD)

Dated: January, 2012

ROLLER SPORTS CANADA

TRAVEL MEDICAL APPLICATION – GROUP ROSTER

RCS Club / League / Team Name: ____________________ Date: __________________

First Name	Last Name	RSC #	Birthdate (YMD)

Total Participants:	

Pearson Dunn™ INSURANCE INC.

Rev. January, 2012