MEDICAL CLEARANCE

I hereby certify the named camper is physically able to participate in Auburn University Sports Camp and that I know of no physical impairments which would in any manner limit his/her participation in such program. ***Physician's Signature_____Date_____***

OR

Provide any physical accompanied with a physician's signature dated within 12 months of camp with registration or at check-in (State HS physical, etc)

MEDICAL & INSURANCE INFORMATION

Hospitalization Plan: Claim No._____ Company_____

City_____State_____ Zip Code_____

Phone_____

FRONT AND BACK COPY OF INSURANCE CARD SHOULD BE INCLUDED AT TIME OF CHECK-IN

Medical History (if pertinent):

_____

Allergies, present medication, special considerations:

_____

Parent/Guardian_____

Address_____City_____State_____Zip Code_____

EMERGENCY MEDICAL INFORMATION

_____ (___)_____(___)_____

NAME PHONE CELL

_____ (___) _____(___)_____

NAME PHONE CELL