

**2017 AUBURN GYMNASTICS CAMP
PHYSICIAN'S CLEARANCE FORM**

PLEASE CIRCLE YOUR CAMP:

**JUNE PREMIER CAMP
June 11-14**

**JUNE DAY CAMP
June 15-16**

I hereby certify that _____ is physically and mentally able to participate in Auburn Gymnastics Camp and that I know of no physical or mental impairments which would in any manner limit her participation in such program.

Physician's Signature

Date

License #: _____

Issuing State Medical Board: _____

Office Phone #: _____

This sheet, along with a front and back copy of your insurance card must be emailed, mailed or faxed to us by May 19th, 2017.

Please scan & email, mail or fax to:

*Auburn Gymnastics Camp
P.O. Box 351
Auburn, AL 36831-0351*

kurth@auburn.edu
334-844-4208 (fax)