

Participant Name: _____ Date of Birth: _____

MEDICAL CLEARANCE

**To be uploaded to campnetwork a minimum of two weeks prior to clinic/camp
[must be signed by physician/physician designee]**

*Note: attaching a valid pre participation physical to this document **may** serve in the place of the physical signature by denoting "physical attached" on the physician signature line AND attaching a copy of a valid physical completed within 12 months of camp conclusion. Please provide name and contact of physician as indicated if using this option.*

I, _____, hereby certify that the named participant is physically able to participate in Auburn University Sports Camps and that I know of no physical impairments which would in any manner limit his/her participation in such camp.

Physician's Signature

Date of exam

Physician's Name (PRINT)

Contact Phone Number