

Gwen Egbert Volleyball Camps

Physician's Release

I hereby certify that _____ is physically fit to participate in an active volleyball camp and that I know of no physical impairments which would, in any manner, limit her participation in such a program.

DOCTOR'S SIGNATURE

DATE

NOTE:

The doctor's signature on this application may be substituted by bringing a copy of the camper's school physical form which is dated June 1, 2018 or later. Campers without the required medical release or school physical form will not be allowed to participate.