

**2018 AUBURN GYMNASTICS CAMP  
PHYSICIAN'S CLEARANCE FORM**

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PLEASE CIRCLE YOUR CAMP:

**JUNE PREMIER CAMP  
June 10-13**

**JUNE DAY CAMP  
June 14-15**

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, 2018.***

Please scan & email, mail or fax to:

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

*[Mary.McDaniel@auburn.edu](mailto:Mary.McDaniel@auburn.edu)  
334-844-4208 (fax)*