

Rick Nold Volleyball Camps



Camper Name _____

Camp Attending _____

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 MUST 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 CONTACT INFORMATION

Name: _____ Relationship to camper: _____

Contact Number: _____

Name: _____ Relationship to camper: _____

Contact Number: _____