

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: \_\_\_\_\_