

2019 AUBURN GYMNASTICS CAMPS
PHYSICIAN'S CLEARANCE FORM

**THIS FORM & A FRONT/BACK COPY OF YOUR INSURANCE CARD ARE
REQUIRED FOR PARTICIPATION**

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 #: _____

**Email a clear picture of this sheet, along with a front and back copy of your
insurance card to AUgymcamp@auburn.edu**