

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 Name

Doctor's Signature

Date

*Note: The doctor's signature on this application may be substituted by sending a copy of the camper's school physical form which is dated June 1, 2023 or later. **Campers without the required medical release or school physical form will not be allowed to participate.***