

## 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.

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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, 2025 or later. **Campers without the required medical release or school physical form will not be allowed to participate.***