

PHYSICIAN'S STATEMENT

I hereby certify that I have examined and found him/her physically fit to attend and participate in the Wildcat Tennis Camp.

Physician's Signature _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

PARENTAL PERMIT

I give permission for such diagnostic, therapeutic and operative procedures as may be deemed necessary for my son or daughter.

Signed _____

Relationship _____

Date _____

Name (camper) _____

Age (camper) _____

Address _____

City _____

State _____ Zip Code _____