

## 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 \_\_\_\_\_