

**PLEASE COMPLETE AND BRING TO CAMP CHECK-IN, DO NOT MAIL**

**CAROLINA TENNIS CAMP PHYSICIAN'S RELEASE**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body fat (optional): \_\_\_\_\_ Pulse BP(\_\_\_\_/\_\_\_\_:\_\_\_\_/\_\_\_\_)

Vision R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

Date of Exam: \_\_\_\_\_

I hereby certify that the camper, \_\_\_\_\_

Is physically qualified to attend and participate in the Carolina Tennis School and has no known impairments which would limit participation in all camp activities.

Physician's Signature: \_\_\_\_\_

Please list conditions which may require extra attention (ie: asthma, diabetes, allergy to bee stings, other allergies, etc.):